

Taking the digital step: Using automated dispensing to improve patient experiences

Decentralized Drug Distribution (DDD) Learning Collaborative

August 13, 2020





Session 2: Learning Collaborative Agenda (7-8:30 am EST)

- **What are automated dispensing models?**
Tawanda Dube, Right ePharmacy
- **Leveraging private sector innovation and route-to-market insights to improve access to medications in the public sector**
Philip Roberts, Coke Project Last Mile
- **Nigeria Current Scenario**
Sachin V.M., Worldwide Healthcare
- **Looking Forward: Automated Dispensing to Deliver Patient-Centered Care & Sustain HIV Programmatic Gains**
Fanie Hendriksz, Right ePharmacy








What are automated dispensing models?

Tawanda Dube, Right ePharmacy

August 13, 2020



Automation impacts each element of the supply chain

| | <i>Manual</i>  | <i>Semi-automated</i>  | <i>Fully Automated</i>  |
|---|---|---|--|
| Procurement  | Estimated based on historical data and projected consumption data | Calculated based on consumption data from EMR and supply chain systems | |
| Stock management  | Manual handling systems | Automated handling systems at warehouse level, automated and manual systems at pick-up points (PUP) | Automated handling systems from warehouse to PUPs |
| Stock distribution  | Based on pre-determined delivery schedule, often weeks / months in advance | Targeted distribution based on current stock levels at PUPs | |
| Reporting systems  | Each component has own, often paper-based, reporting system | Majority of supply chain components have integrated reporting systems | Entire supply chain has integrated reporting system – real-time tracking of products from warehouse to PUP in system |

The level of automation can be tailored based on capacity and terrain

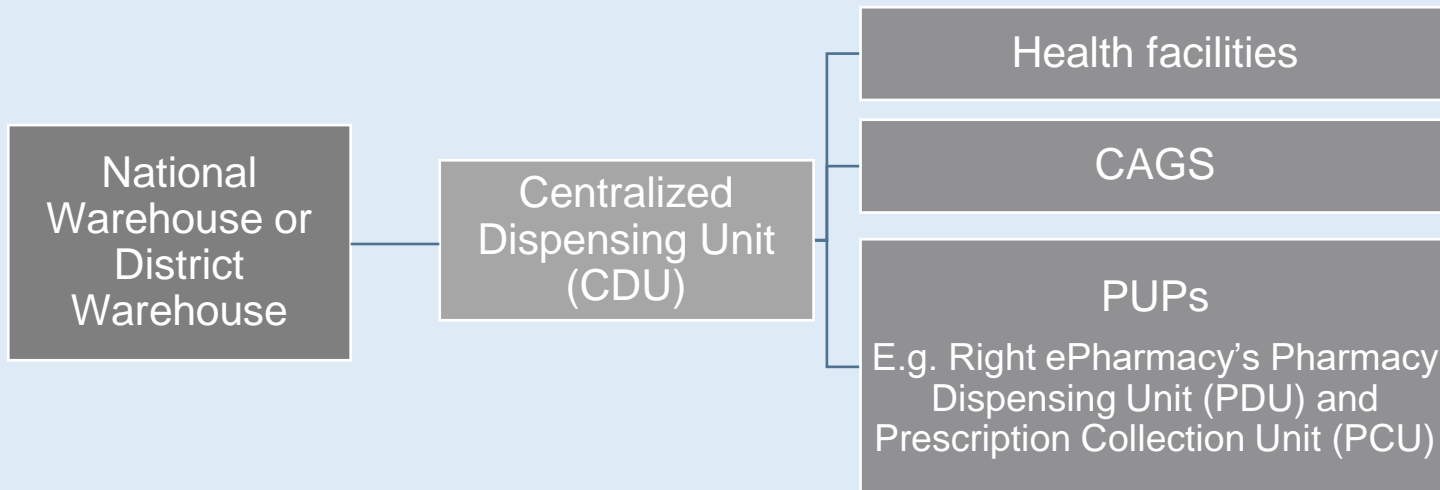
Automated models leverage technology to achieve supply chain efficiencies

Through automation, can reduce (1) the number of intermediate distribution points, (2) the number of HRH required, and (3) the reporting burden for supply chain and service delivery partners.

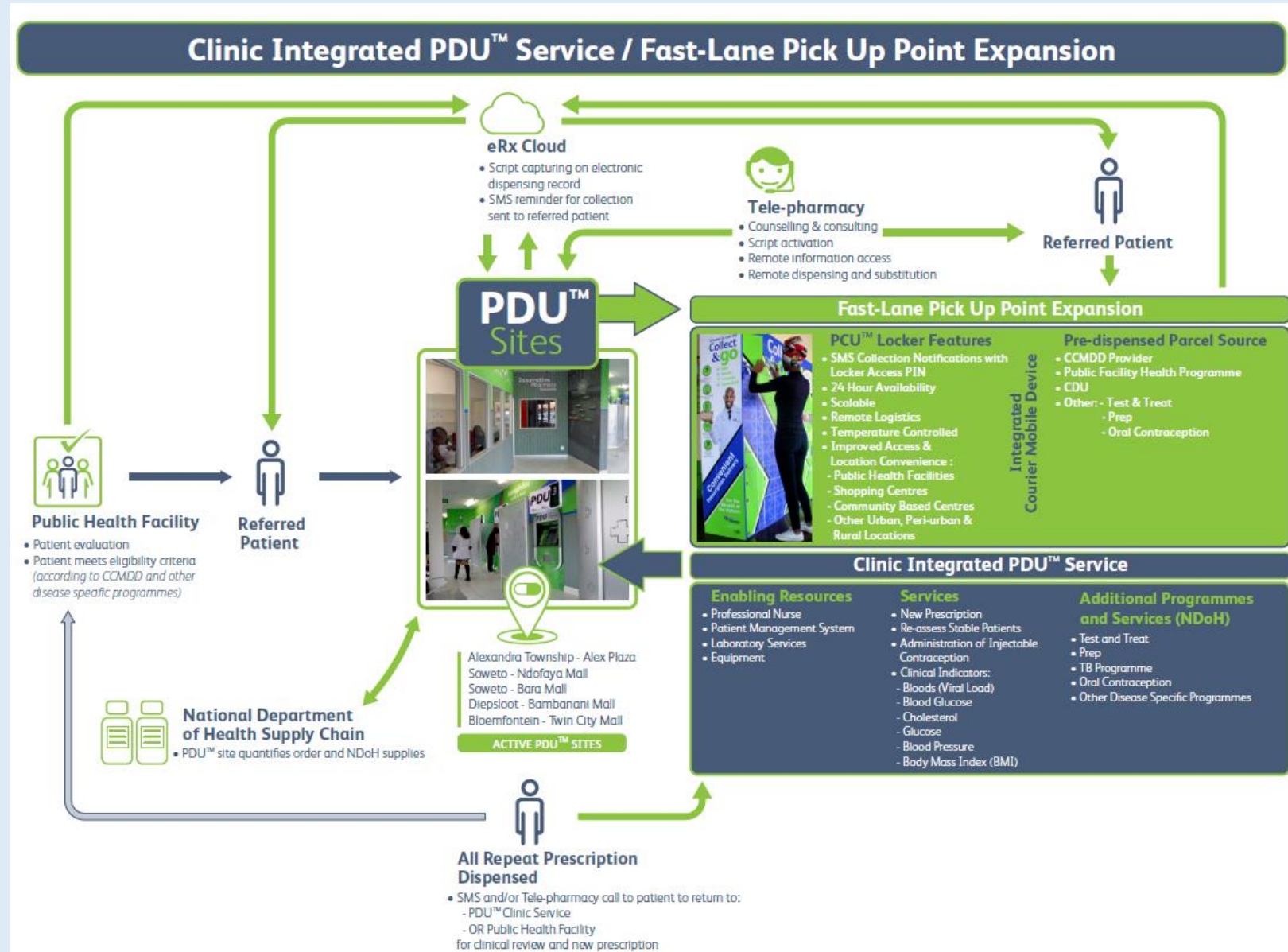
Traditional Model



Right ePharmacy's Automated Model



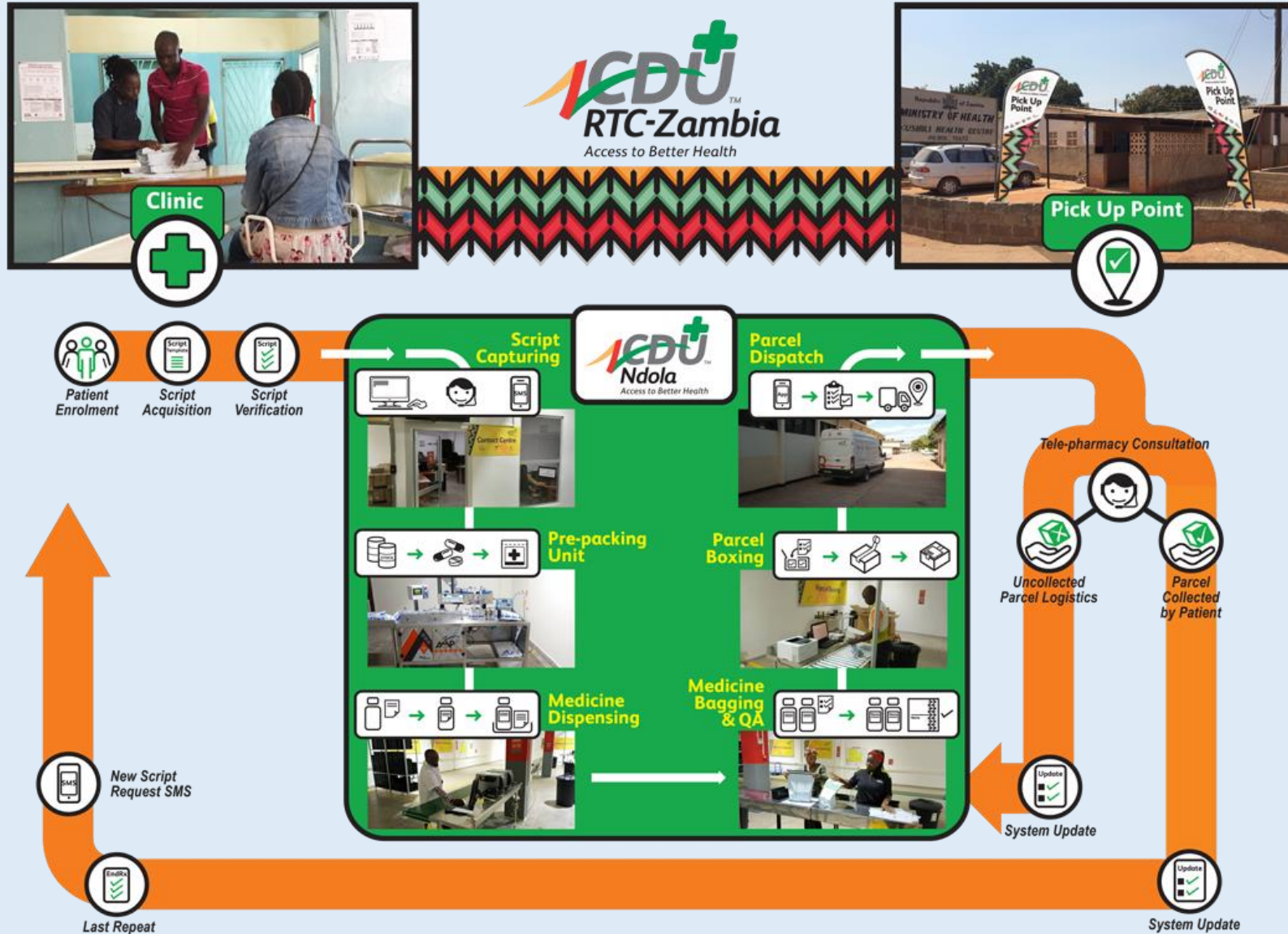
Right ePharmacy's Fully Automated System in South Africa



Current output:
up to 230,000
repeat dispenses
by 10 CC staff
members

**Capacity and
scalability:** on
track to reach
1,200,000 million
dispenses

Right ePharmacy's Semi-Automated Model in Zambia



Current output: up to 180,000 repeat dispenses pa by 8 staff members

Capacity and scalability: on track to reach 1,2 million dispenses pa

98% retention rate for 14,014 clients served through the CDU model

Automated systems also generate data to support improved programming, system integration, and efficiencies

Facility
Level Data

+

Regional
Data

=

Improved data for
programming



Patient Data



Medicine
Availability



Facility Level Stock
Information



Manual Patient
Information Records



Why automated dispensing models are important for client-centered HIV care and related systems?



Systems designed for **client-centered experience**, leading to **measurable adherence and retention**, monitoring, and viral suppression



Flexibility of locations and systems increase convenience of pick-ups

In South Africa, average ARV collection time at automated PUP was <3 minutes



Optimized process efficiency leading to **improved dispensing capacity**, reduced **HRH burden**, and **cost savings**

In Zambia, 8 staff support 19 pick-up points, each of which can service up to 80 patients per hour



Integration with EMR, inventory and logistics management systems for personalized labelling, accurate dispensing and up-to-date client records

Clients receive SMS reminders and custom codes to get ARVs at automated PUPs

Contact

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Lauren Weir, Right to Care, Lauren.Weir@righttocare.org





Project Last Mile in South Africa

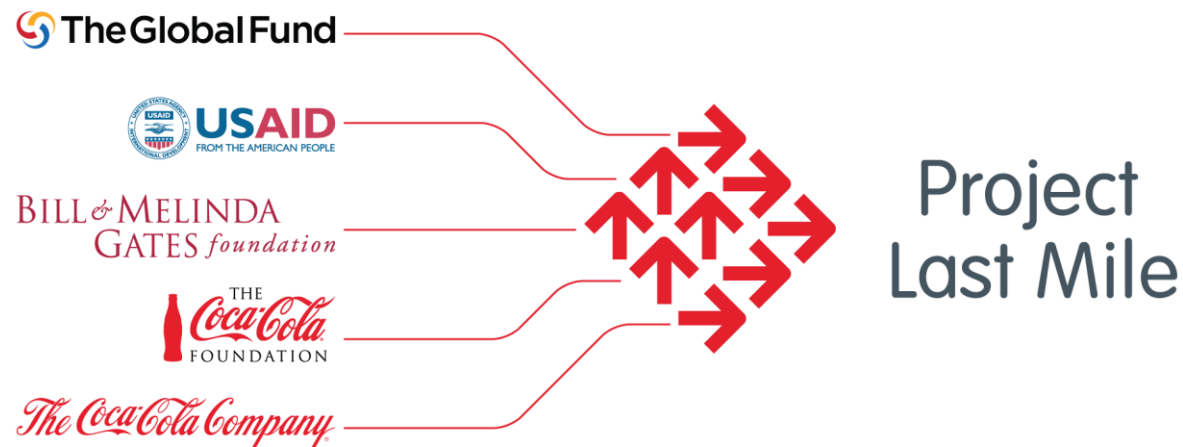
Leveraging private sector innovation and route-to-market insights to improve access to medications in the public sector

Phil Roberts, Country Lead



What is Project Last Mile

A global health partnership to improve the availability of life-saving medicines and the uptake of health services by sharing the expertise of the Coca-Cola system with public health sector agencies in Africa



The Coca-Cola Company brings private sector expertise related to:



Supply chain
logistics/
distribution



Cold chain
equipment
maintenance



Differentiated
Service Delivery
(RTM)



Strategic
marketing and
communications



Talent
management
and general
business skills



Where do we work?



GHANA (2011 – 2013)

Pilot created a blueprint for improved uptime of cold chain equipment used for vaccines and introduced the use of market research & segmentation model to improve uptake and adherence for immunizations.



TANZANIA (2010 – present)

Building on ten years of partnership to further strengthen distribution and management of medical supply chains in Tanzania through route optimization.



NIGERIA (2017 – present)

Tapping into the Coca-Cola ecosystem to help improve uptime and management of vaccine cold chain equipment and save lives of children in Nigeria.



SIERRA LEONE (2017 – recent)

Leveraging and adapting Coca-Cola best practices in distribution and organizational development to support supply chain strengthening



LESOTHO (2019 –present)

Building on experience from work in the Kingdom of eSwatini to develop strategic marketing solutions to support Lesotho's Adolescent Youth Program for HIV prevention and treatment.



LIBERIA (2017 – present)

Leveraging and adapting Coca-Cola best practices in demand planning, distribution optimization, network design, and organizational development. To help build a functioning medical supply chain for the Central Medical Stores.



MOZAMBIQUE (2016 – present)

Applying Coca-Cola best practices in route-to-market and logistics to improve distribution of medicines and health products.



KINGDOM OF ESWATINI (2016 – present)

Leveraging and adapting Coca-Cola best practices in strategic marketing to support increased demand for health services for HIV prevention, especially focused on young women.



SOUTH AFRICA (2016 – present)

Leveraging the Coca-Cola network and route-to-market experience to help revolutionize distribution of chronic medicines for over 2 million people. Recently, this work has expanded to include strategic marketing best practices for HIV prevention among males.



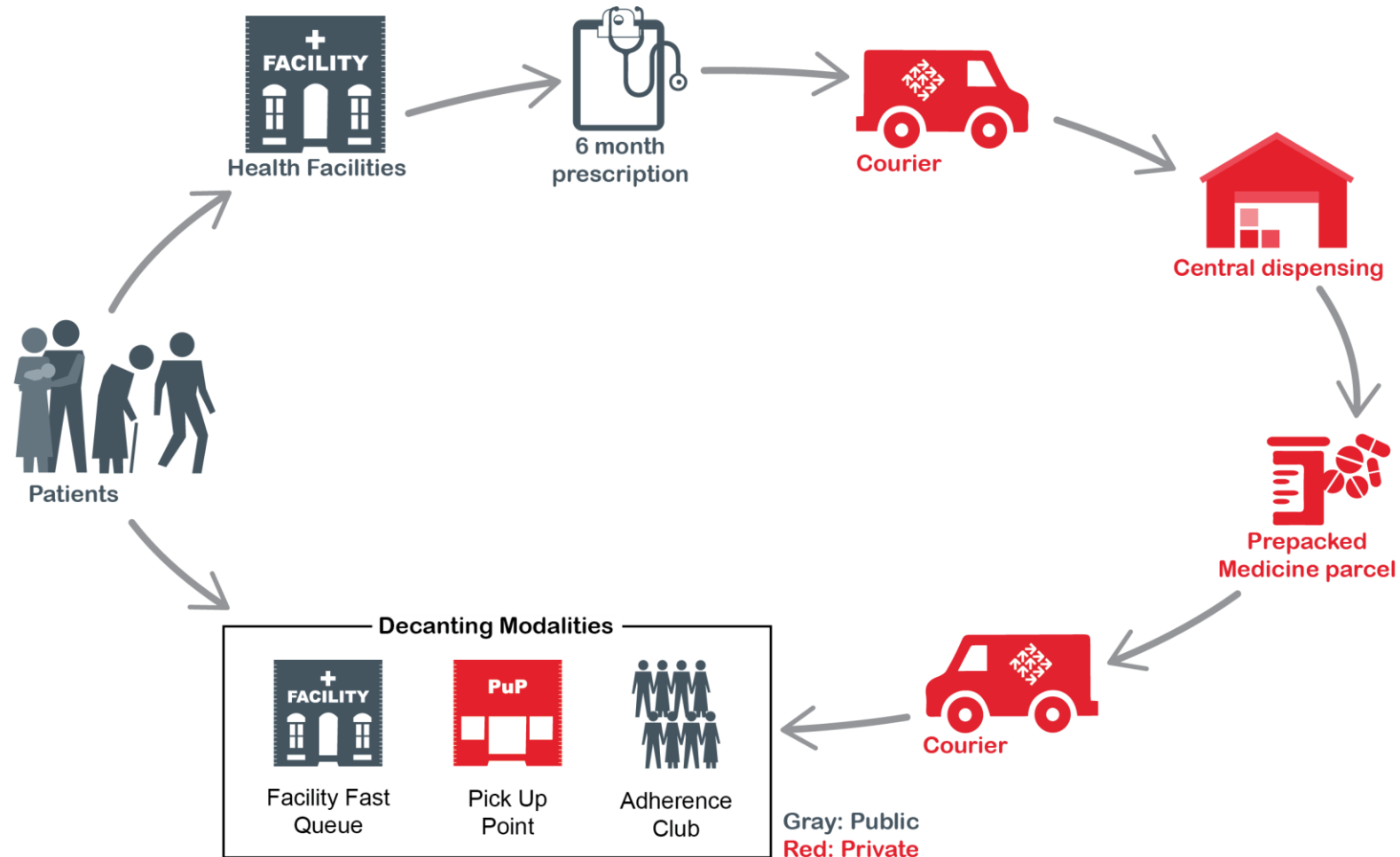
UGANDA (2019 – present)

Supporting a broader Africa Resource Center project by leveraging the learnings from South Africa's differentiated service delivery model to support the Ministry of Health in improving the availability of key chronic medicines.



The CCMDD process

a multi-sectoral solution



Supporting South Africa to transition 85% of ALL eligible patients to CCMD



Increase **new, and retain** existing patients onto CCMD

- Increase patient and health worker awareness + demand generation
- Efficient and simplified processes – SOPs, Guidelines, Tools, DSP engagement

Continue **strategic management** support of CCMD

- Clear targets and action plans

Improve **patient experience and access** to medicine

- Improved Stock/Inventory, supply chain, TLD transition
- PuP footprint – lockers, containers, private sector, sustainability
- Geo-spatial Analytics

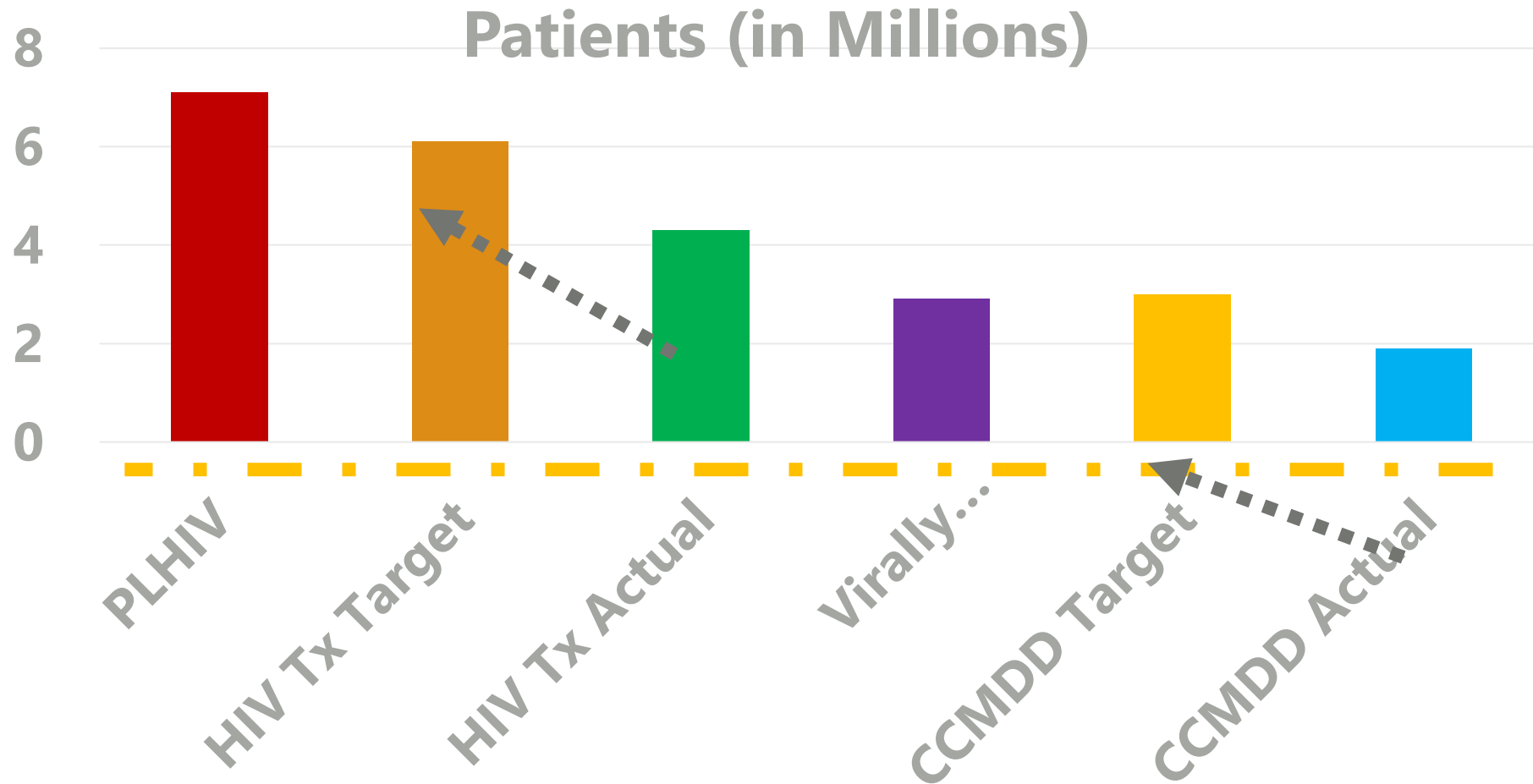
Expand **Stakeholder Engagement**

- Funders, DoH - all levels, DSPs, “above site” partners, Civil Society, Private sector, NHI, Service Providers, PuPs, Patients

What does success look like for South Africa?



3 mm decanted and active on CCMDD = **2 million additional capacity** by Sep. 2020



Providing strategic marketing support for rapid decanting



- Operational aspects **integrated and adapted** to learnings from strategic marketing research
- CCMDD **Patient Behaviour** understood, addressed and communicated to all stakeholders
- CCMDD **Health Care Worker Behaviour** addressed and supportive of CCMDD (down referrals)
- **Informed, targeted** approach to understand **inhibitors** to **patient initiation and retention**
- Support the **enrolment of 1 500 000** patients into CCMDD
- Monitor and **course correct** further Strategic Marketing work

Materials from new awareness-raising campaign





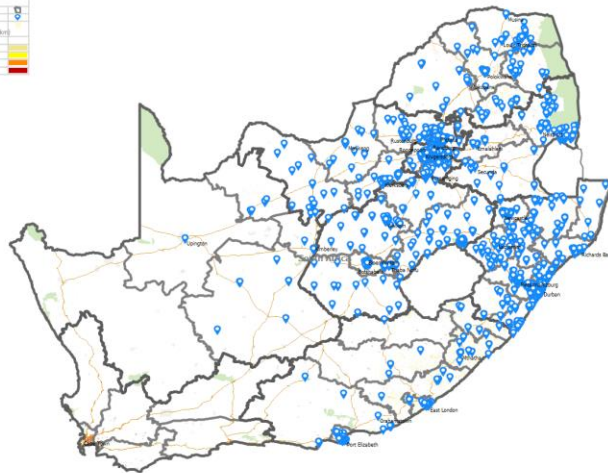
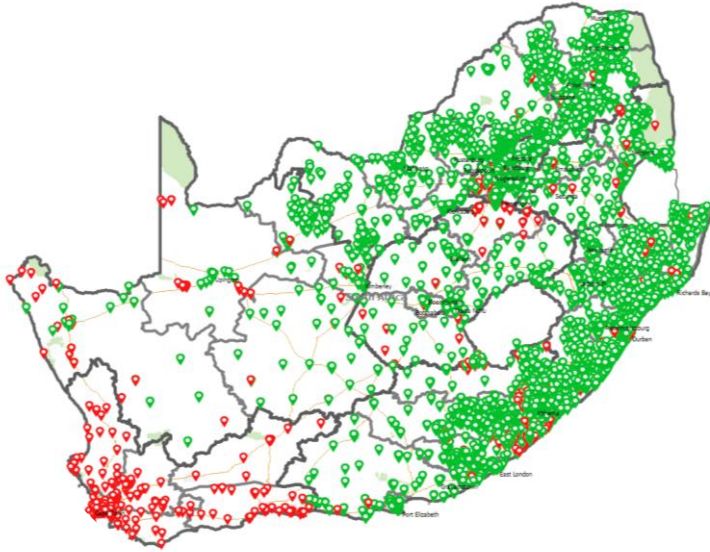
Assisting with PuP expansion



- **PuP and Service provider liaison and contract support**
- **Innovative solutions expansion support**
 - Right ePharmacy /Aurum/ Technovera lockers
 - Cipla Foundation Containers



Results by July 2020



- **46 Health Districts in South Africa onboarded onto CCMDD** in all 8 active provinces [100% coverage]
- Health facilities, pick-up points, and general practitioners mapped to strategically inform placement of external PuPs and regional targets for CCMDD, based on HIV/NCD burden
- **3.55 M patients have been cumulatively enrolled onto CCMDD**, since the program began
- **~90% of eligible facilities registered** to refer patients to CCMDD [and serve as fast lanes]
- Over **2462 external pick-up points activated** across South Africa, with established relationships with Clicks, Spar, Dis-Chem, MediRite and CIPLA Foundation



CCMDD Benefits based on PLM Business Case



➤ Improved patient experience and access to treatment

➤ 43% savings for patients

saving patients R1.2bn in 2020



➤ 22% Improvement in patient adherence

avoiding NDoH up to R3.1bn of costs in 2020



➤ 2.5m - 3.3m Additional patient capacity

33 - 43% increase in PHC capacity by March 2021 with 5.5 million CCMDD patients

➤ 50% Reduction in NDoH cost to treat patients

NDoH facility visit & medicine supply chain costs (excluding medicines),
NDoH efficiency gains of up to R4.1bn in 2020



Supports 90Ninety90

In 2020, 4.9m of 5.9m TROA patients enrolled on CCMDD



Project Last Mile

Phil Roberts, Country Lead

Thank you



DECENTRALIZED DRUG DISTRIBUTION (DDD) LEARNING COLLABORATIVE



13th Aug 20

Nigeria Current Scenario

HealthCare

90% Out of Pocket

<1% Health Insurance

Commu. Disease-
Public Sector

Donor Funded

No Visibility-
Data?

Misuse-Pilferage

Withdrawal

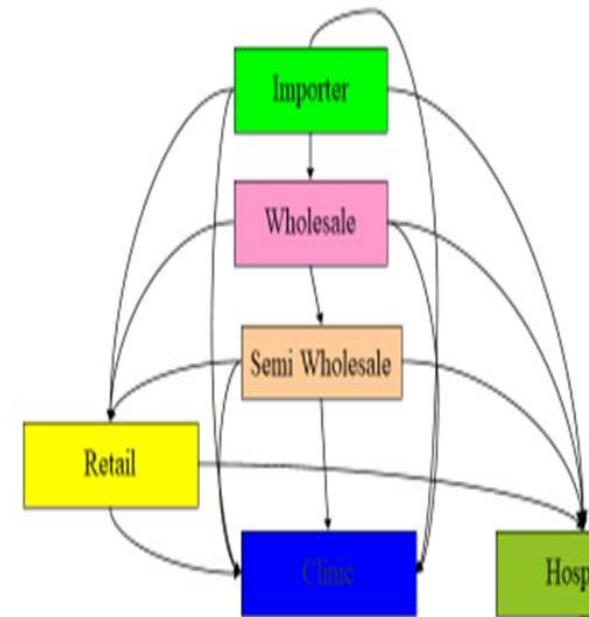
Environment

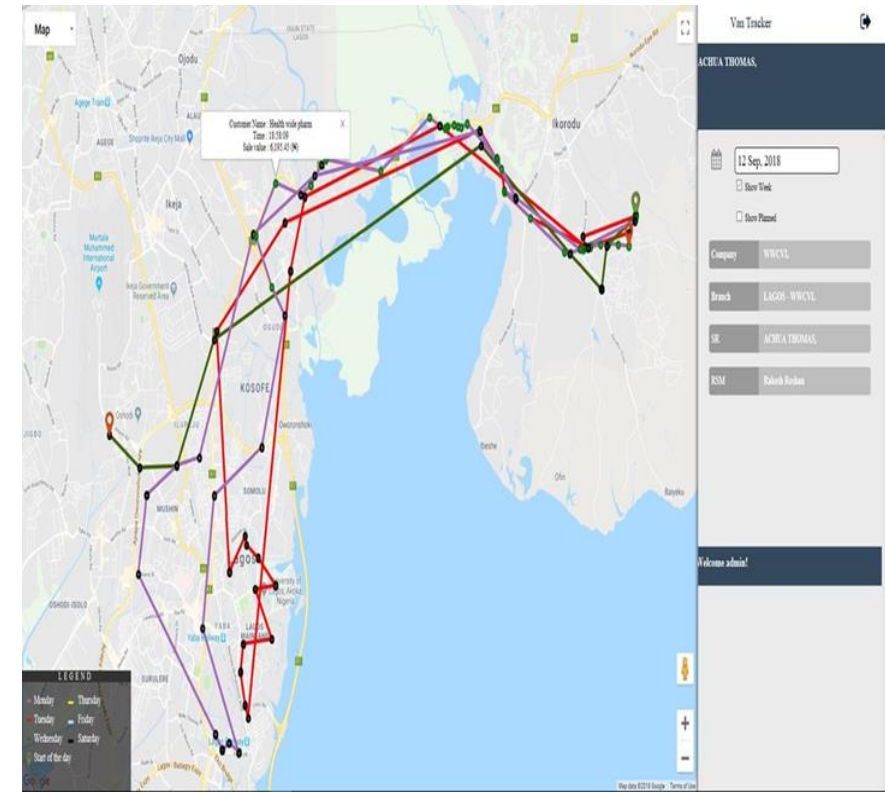
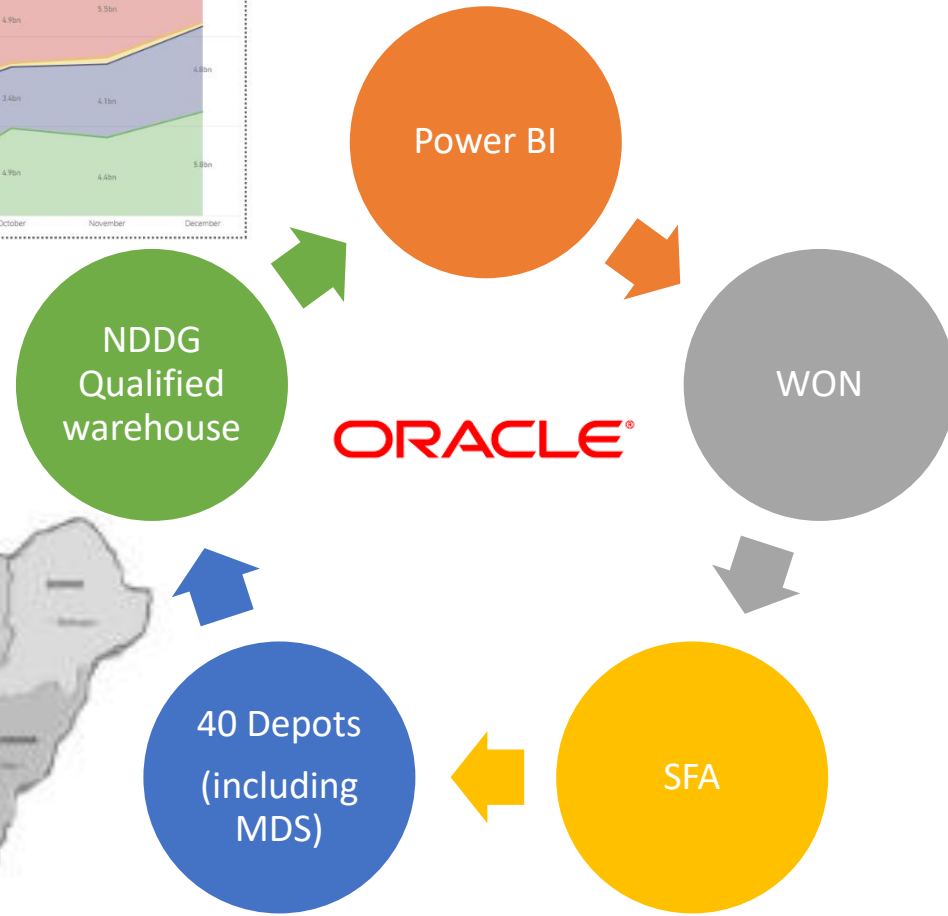
Power Supply?

Security?

Trained
Manpower?

Supply Chain





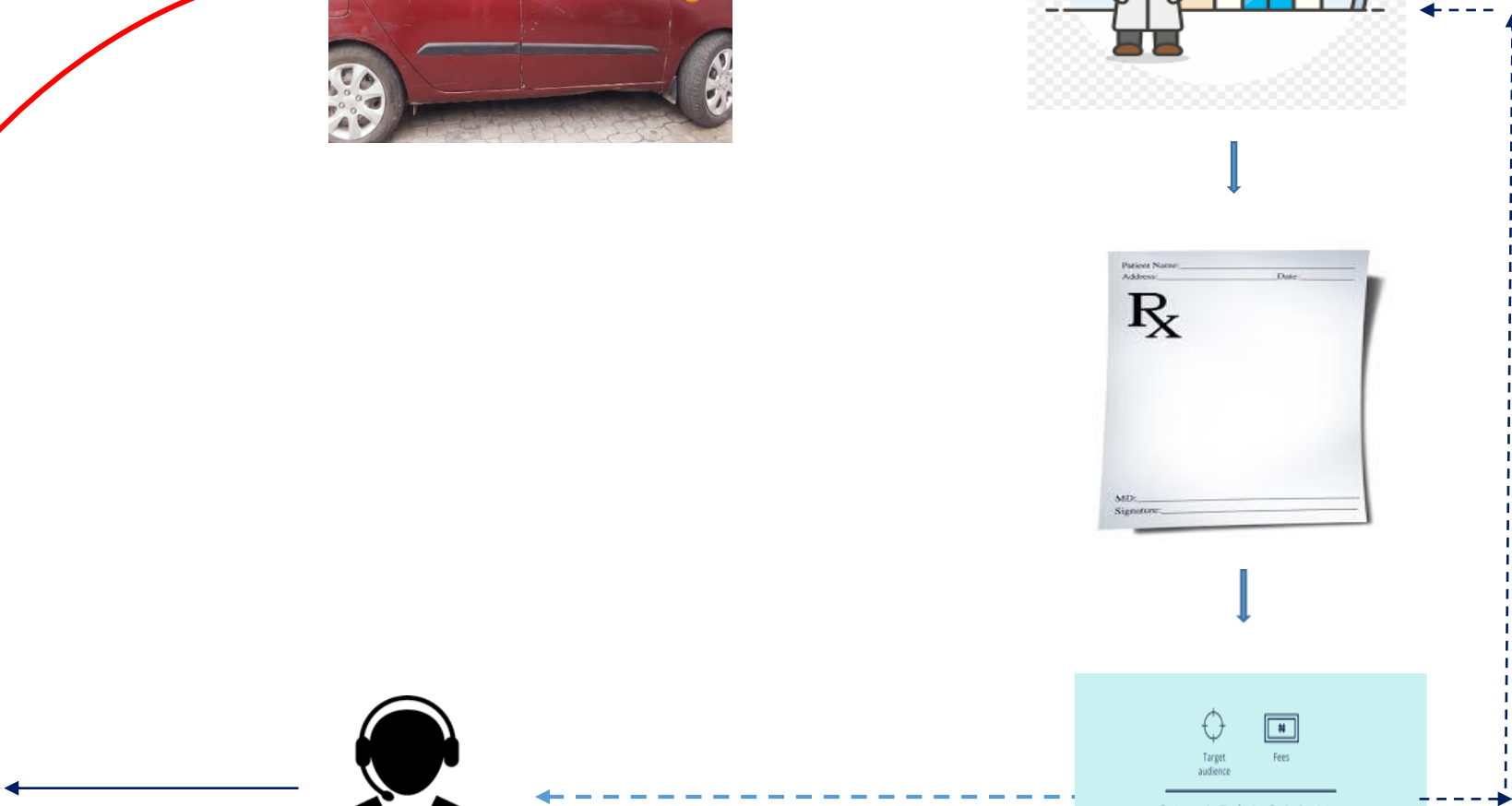
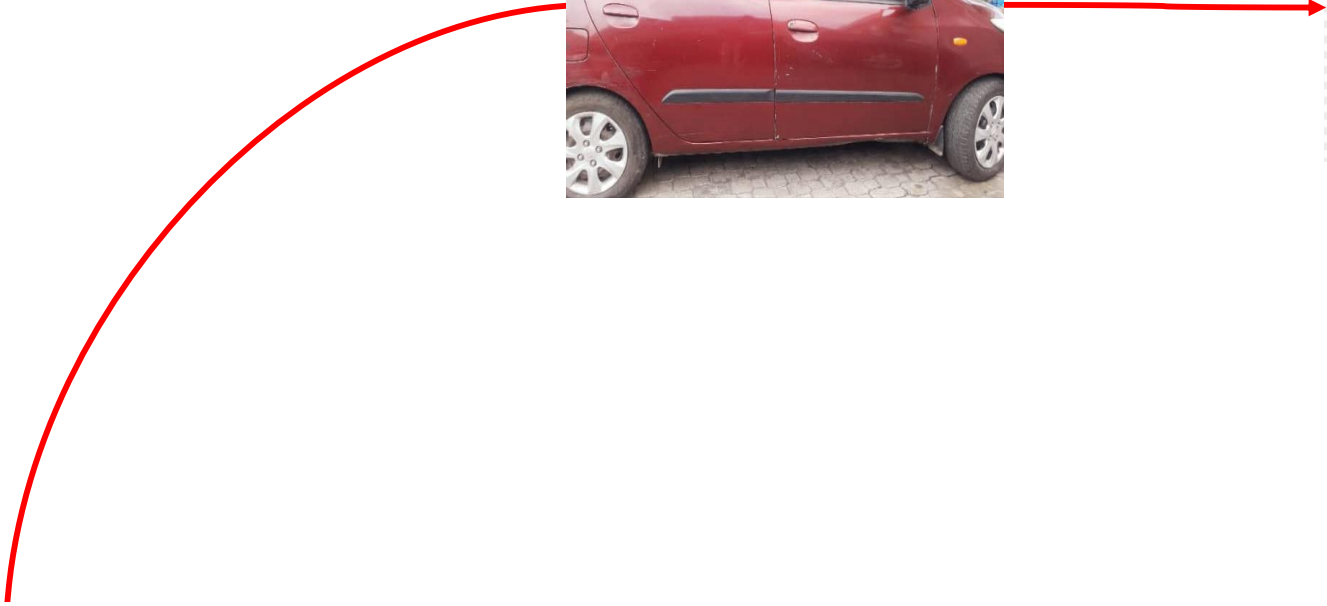
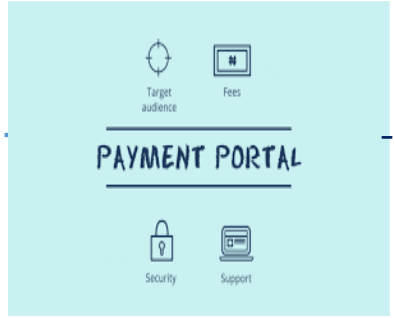
Last Mile Distribution Model



Direct To Patient Model-CHAI



Branch locations



Proposal



Vault-Quality?

006



*01*002*003

006



The background of the slide features a photograph of a paved road stretching into the distance under a clear sky. On the left side of the road, there is a large, modern structure with a sign that reads "This is a Cashless Machine". The image is overlaid with a semi-transparent blue grid and technical-style annotations, including numbers like "148", "82", "55-77", and "144", as well as arrows and labels like "G 1/2".

Looking Forward: Automated Dispensing to Deliver Patient-Centered Care & Sustain HIV Programmatic Gains

Fanie Hendriksz
Managing Director Right ePharmacy



There are systemic challenges that prevent us from delivering healthcare & commodities efficiently



High Dem&



**Shortage of
Pharmaceutical
Services**



**Limited
Infrastructure**



**Medicine
Availability**



**Manual Patient
Information Records**



**Overburdened
Facilities**



**Patient
Experience**



**Negative Economic
Impact**

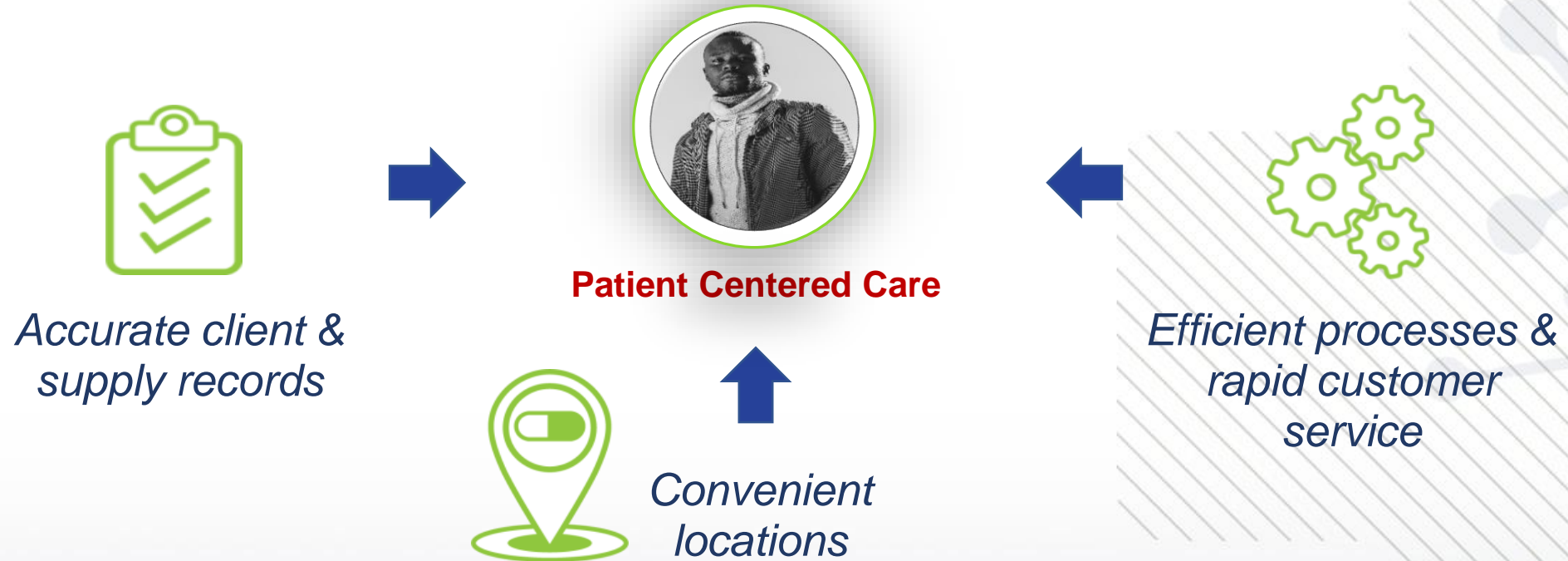


**Negative Impact
on Adherence**



**Poor Healthcare
Outcomes**

Automated dispensing offers a solution to sustain & maintain gains in the HIV epidemic with patient centered care



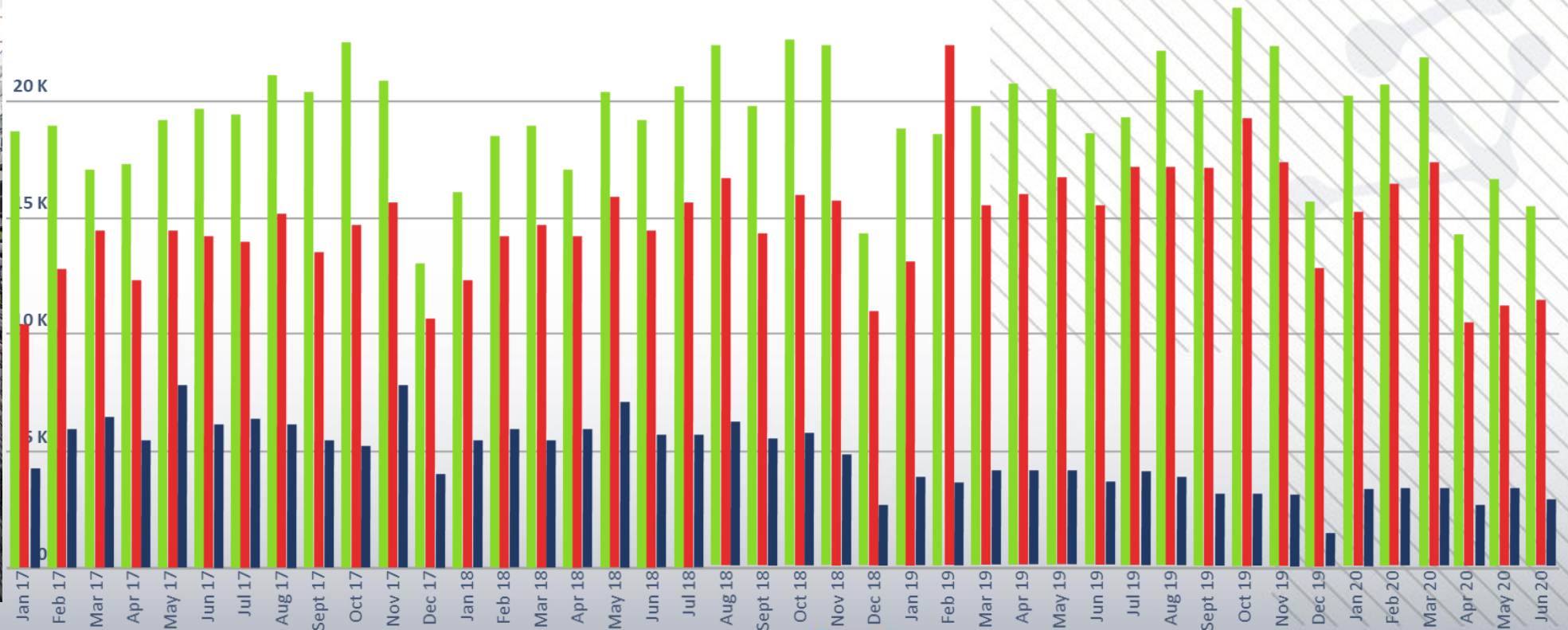
Automated dispensing is a critical component to empower patients to chose where & when they collect their medicines, while also reducing the burden on the system overall

COVID-19 demonstrates the urgency for automated dispensing: Example Automated Facility Dispensing



Scripts Dispensed per Automated Facility

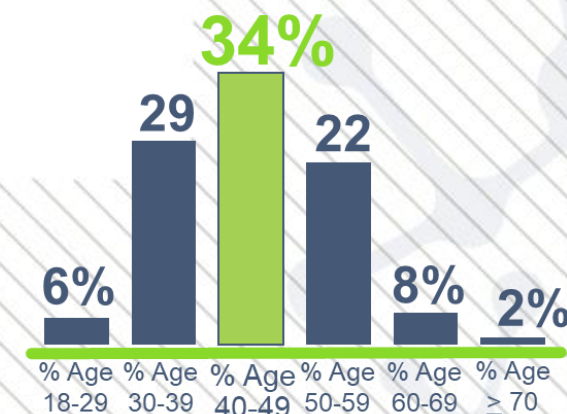
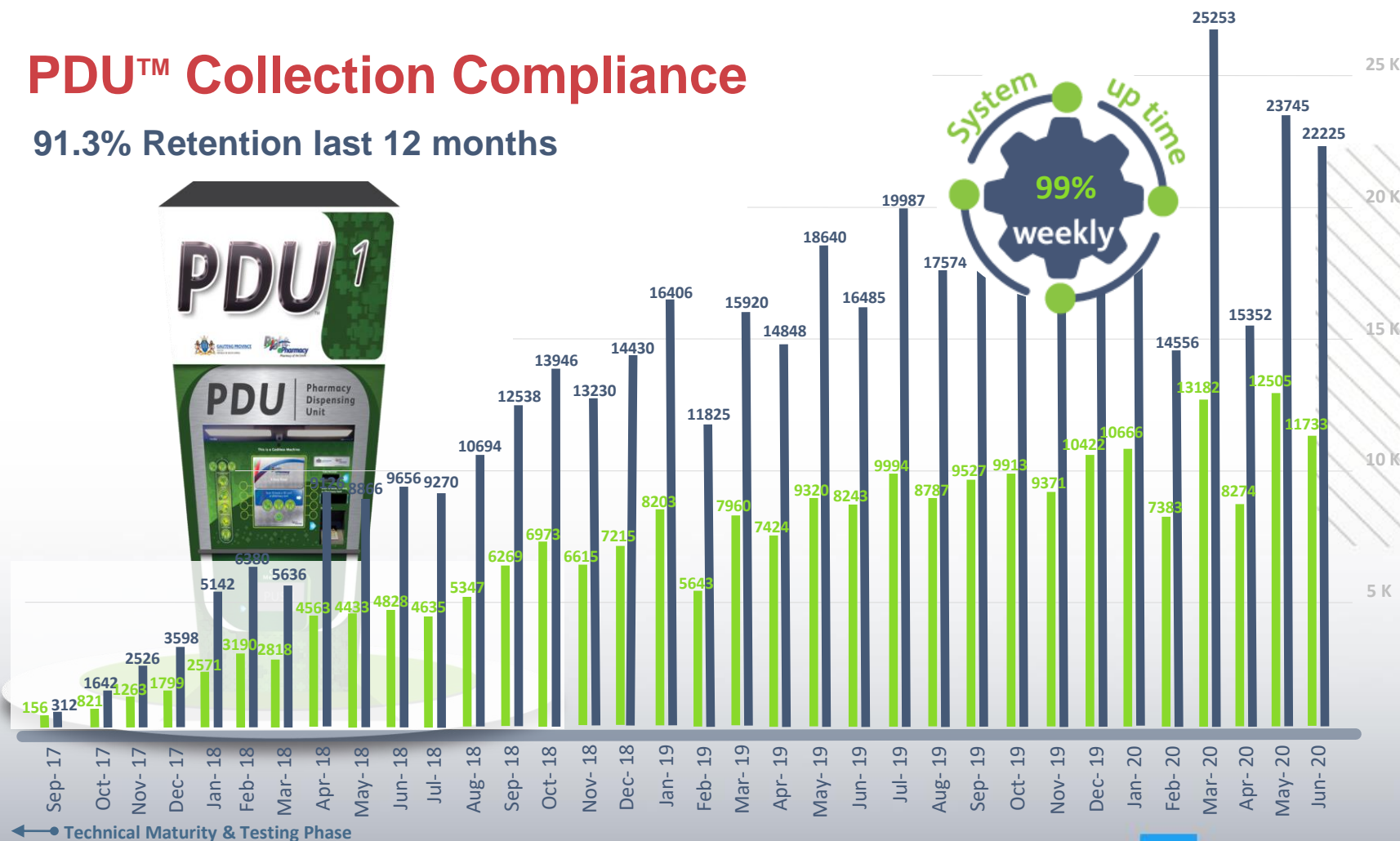
■ ThembaLethu Clinic ■ Steve Biko Academic Hospital ■ Helen Joseph Hospital **Total: 2,253,054 Rx's**
589 577 Prescriptions **793 591** Prescriptions **869 886** Prescriptions



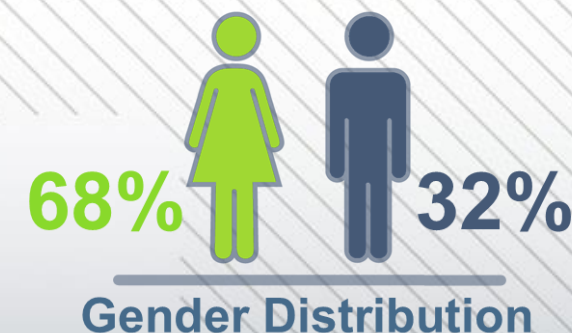
COVID-19 demonstrates the urgency for automated dispensing: Right ePharmacy PDU

PDU™ Collection Compliance

91.3% Retention last 12 months



Age Band Distribution

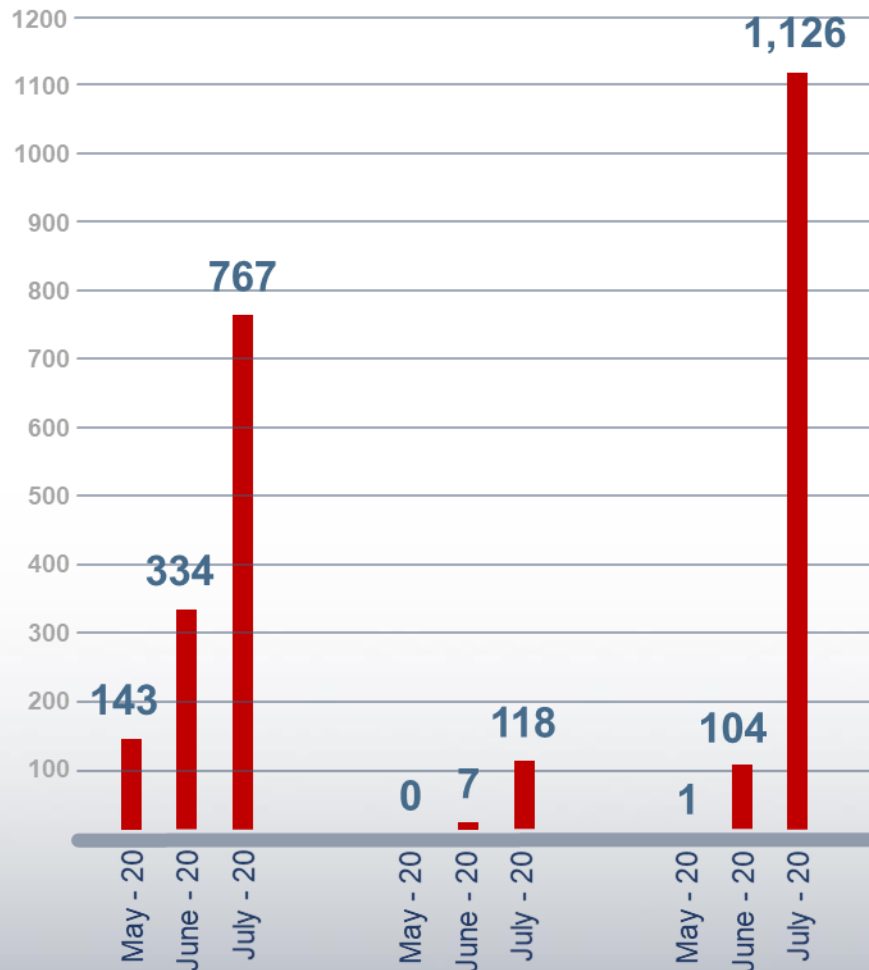


Gender Distribution

Technical Maturity & Testing Phase



COVID-19 demonstrates the urgency for automated dispensing: Collect & Go



Sites

GAUTENG GP

1,244

40

FREE STATE FS

125

13

MPUMALANGA MP

1,231

11





Patient Dispensing & Distribution System & Data

RightTM
ePharmacy
Pharmacy of the future

The building blocks that facilitate these systems are simple, the key is to integrate them...



Simplified Stock Master File



Patient ID Demographics



Dispensing Data



Delivery & Collection Data



Looking forward: How do we scale?

Existing technology is already adapted for low connectivity environments & ready for scale.
Creating the right enabling environment through partnerships is the key to success.

Challenges

Partner coordination

Demand generation

Siloed programs & integration with
existing systems

Regulatory limitations

Stock availability



Solutions

Incentives for partners to adapt a
patient-centered care focus

Partners generate demand through
referrals & awareness campaigns

MOUs outlining programmatic
synergies & data sharing

Joint advocacy for evidence-based
change

Coordinated procurement & stock level
tracking





“Leading with Innovation & Collaboration to Advance”

Right ePharmacy

Thank You

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Lauren R.K. Weir

Right to Care US Director

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Q+A

Upcoming Session

**The contribution of private hospitals and clinics
as part of sustainable financing of the HIV
epidemic**

Thursday, August 27, 2020

7:00 AM-8:30 AM EST | 13:00-14:30 CAT | 14:00-15:30 EAT

[Register Here](#)

