QUALITY ASSURED MATERNAL, NEWBORN AND CHILD HEALTH COMMODITIES

The role and capabilities of private wholesalers in Zambia’s and Mozambique’s MNCH supply chain

In many low- and middle-income countries (LMICs), national governments procure and distribute the majority of lifesaving maternal, newborn, and child health (MNCH) commodities and typically, domestic wholesalers source, import and supply these critical products. Unlike products such as antiretrovirals and antimalarials, MNCH commodities have not received the same level of quality assurance scrutiny and several post marketing surveillance studies have highlighted MNCH commodity quality concerns.

Given their important role in the supply of MNCH commodities, wholesalers represent a strategic intervention area for improving the availability of quality assured MNCH commodities. To this end, the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project carried out assessments in Mozambique and Zambia to identify challenges and opportunities that relate to wholesalers’ efforts to provide quality assured MNCH commodities. Findings are further described as follows.

KEY FINDINGS

When sourcing MNCH commodities, wholesalers often used external quality assurance criteria—including WHO prequalification, stringent regulatory authority authorization, and registration status to determine whether product quality was achieved. In some cases, wholesalers relied on pharmaceutical registrations obtained from other national authorities or harmonized organizations.

Internationally affiliated wholesalers more effectively draw on best practices to develop and maintain robust quality assurance systems, including leveraging established global quality management systems.

Wholesaler associations play an important role in coordination across public and private sector actors. Wholesaler associations collectively advocate for fair and transparent dealings between the public health authorities and private wholesalers. These associations have the potential for incentivizing public-private collaboration and increasing the capacity of wholesalers and may warrant additional attention and support.
Wholesalers in both countries indicated that they experience challenges when supplying MNCH commodities—these include lengthy and labor-intensive registration and delayed government payments. These challenges may disincentivize wholesalers and manufacturers from entering the market.

In Zambia, the majority of MNCH products and services are provided through the public sector and as a result, the Government of Zambia is the primary client for wholesalers that supply MNCH commodities. Forty-nine registered pharmaceutical wholesalers were identified during the assessment. Zambia’s Ministry of Health mandates quality assurance for the Zambia Medical Regulatory Authority (ZAMRA) through three mechanisms: wholesaler licensing, product registration, and post-marketing surveillance/pharmacovigilance.

In Mozambique, MNCH commodities primarily enter the market through public sector procurement—often in kitted packages of essential medicines—through wholesalers. A total of 161 registered pharmaceutical wholesalers were identified, however, only a handful were considered active. Wholesalers import and sell MNCH products to both public and private sector clients. Private hospitals, clinics and pharmacies order small quantities of commodities directly from private wholesalers. The national pharmaceutical regulatory agency conducts product registration reviews, assigns importation licenses, inspects incoming pharmaceutical shipments at the port of entry, and performs marketing surveillance and pharmacovigilance activities.

IMPACT OF DOMESTIC WHOLESALERS ON MATERNAL AND CHILD HEALTH

Given their important role in MNCH commodity supply, wholesalers are key partners for governments and donors who are supplying and distributing MNCH commodities. While the assessments found that some quality systems were in place, capacity to maintain internationally recognized best practices was variable and often limited. In the journey to self-reliance, LMIC governments will increasingly rely on domestic entities such as wholesalers and private sector actors, highlighting the importance of improving quality assurance mechanisms. Wholesalers with international linkages should be considered models for other wholesalers, and wholesaler associations serve as a platform for quality assurance capacity building. GHSC-PSM will continue to partner with governments to co-develop approaches to ensure MNCH product quality and elevate quality-related issues to the top of national health program agendas.

Full reports on both the Zambia and Mozambique wholesaler assessments will be available on GHSC-PSM’s website at ghsupplychain.org.