REGIONAL SUPPLY CHAIN WORKSHOP

DAY 1

Strengthening Greenlight (Import Permit) and Shipment Coordination

World Health Organization
African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Security Briefing (Done onsite)

PRSEAH

Opening remarks

Workshop Objectives & Expectations

Workshop Objectives

Strengthen Shipment Coordination

Improve understanding of greenlight processes, shipment oversight, stakeholder roles, and coordination mechanisms.

01

Improve Customs Clearance

Strengthen country capacity to manage documentation requirements, workflows, and clearance bottlenecks.

02

Strengthen Forecasting & Quantification

Improve forecasting, quantification, and supply planning using country data and practical tools.

03

Enhance Inventory Visibility

Strengthen inventory reconciliation, stock visibility, reporting, and inventory data collection.

04

Promote Learning & Action Planning

Facilitate country exchange, sharing of experiences, and development of practical improvement actions.

05

Expected Outputs

Documented Customs Clearance Workflows

Countries map and document national customs clearance processes aligned with WHO guidance.

01

Clarified Roles & Coordination

Improved understanding of stakeholder responsibilities and shipment oversight mechanisms.

02

Validated Forecasting Approaches

Countries review forecasting and quantification methodologies and identify improvements.

03

Country Action Plans

Development of practical actions to address forecasting and shipment bottlenecks.

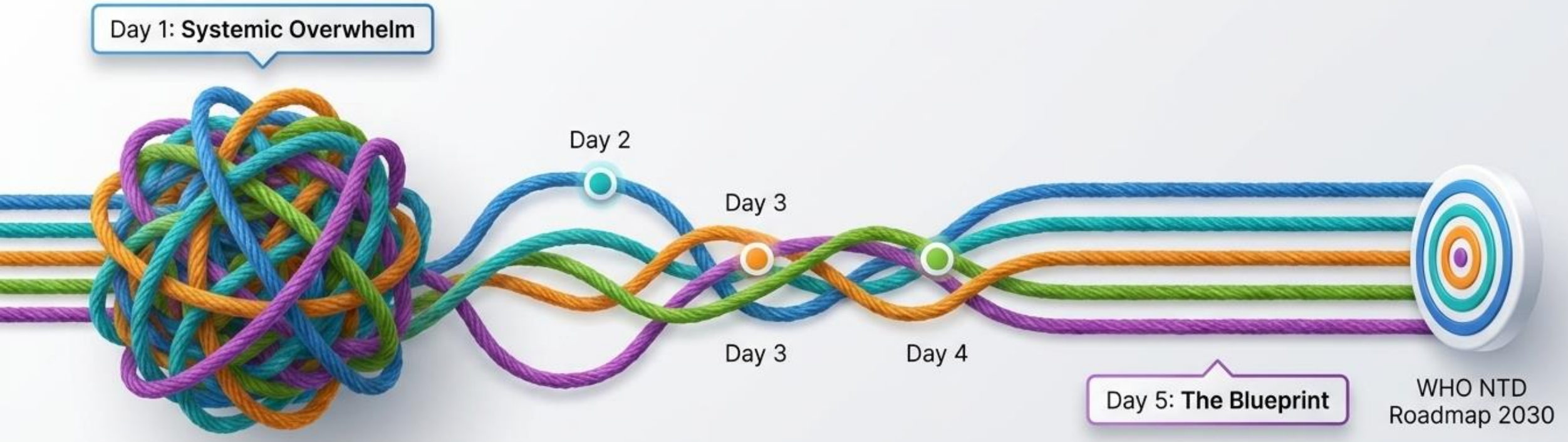
04

Improved Inventory Visibility

Strengthened understanding of inventory reconciliation and inventory data collection.

05

Moving from Complexity to Clarity



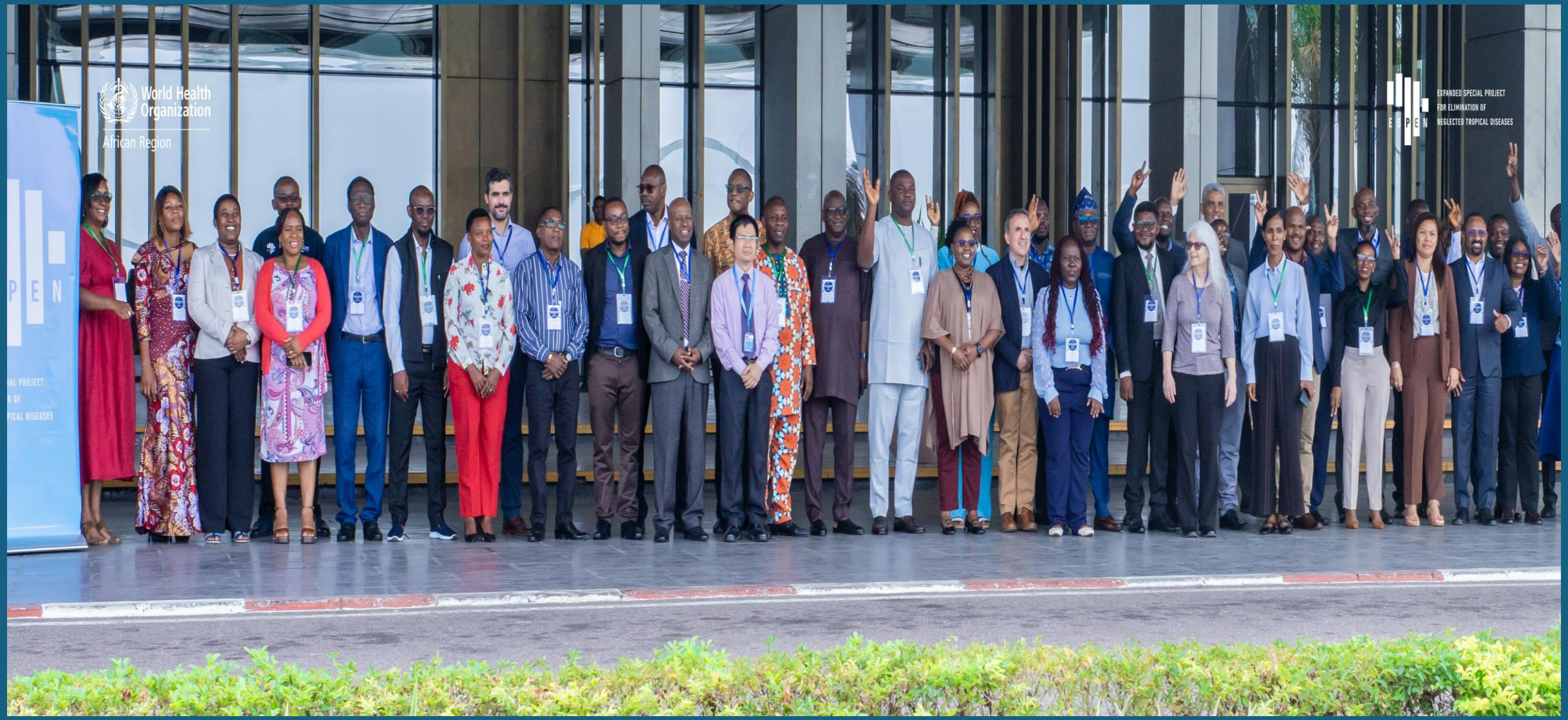
Supply chains are inherently complex, managing a multitude of variables simultaneously. This workshop is designed to methodically deconstruct that complexity, untangling systemic friction so that every stakeholder, timeline, and requirement functions in clear alignment.

Daily Summary Teams

- *Each day, the designated countries will present a brief summary of the key discussions, lessons learned, and agreed action points.*

- Day 1: Angola, Madagascar, Ghana, Uganda
- Day 2: Mozambique ,Chad, Nigeria
- Day 3: Democratic Republic of Congo (DRC), Mauritania, Kenya
- Day 4: Central African Republic, United Republic of Tanzania (Mainland), Ethiopia

Group photo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Overview of PC Medicine Supply Chain Coordination

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EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

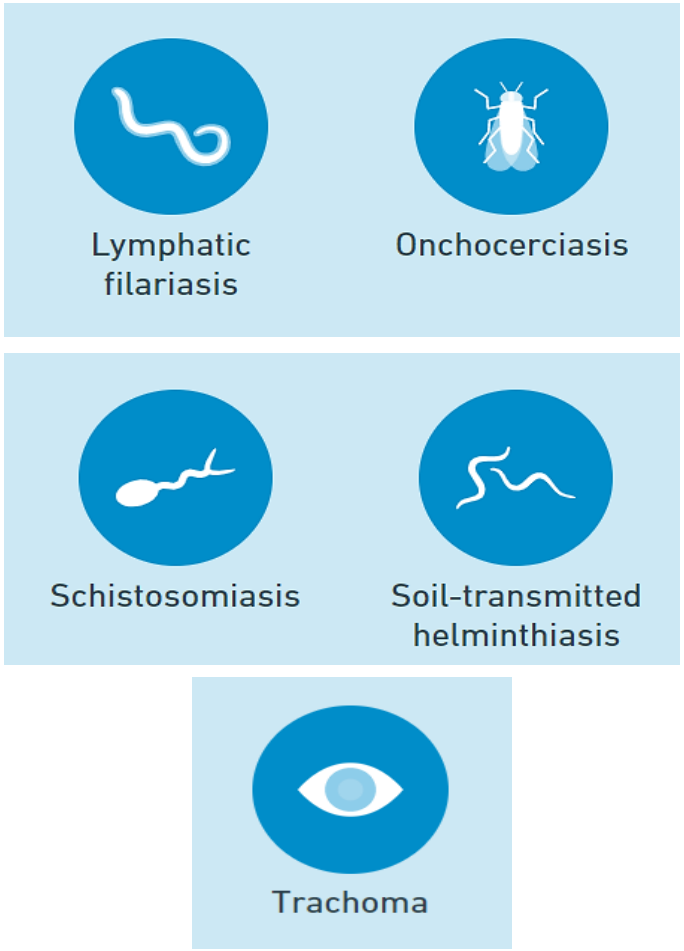
OUTLINE

01
What are PC-NTDS

02
WHO Global PC-NTDs

03
WHO AFRO/ESPEN

What are PC-NTDs?



Helminths (worms)
-Lymphatic filariasis (Elephantiasis)
-Onchocerciasis (River Blindness)
-Schistosomiasis (Bilharzia)
-Soil-transmitted helminthiases (STH)

Bacteria
-Trachoma

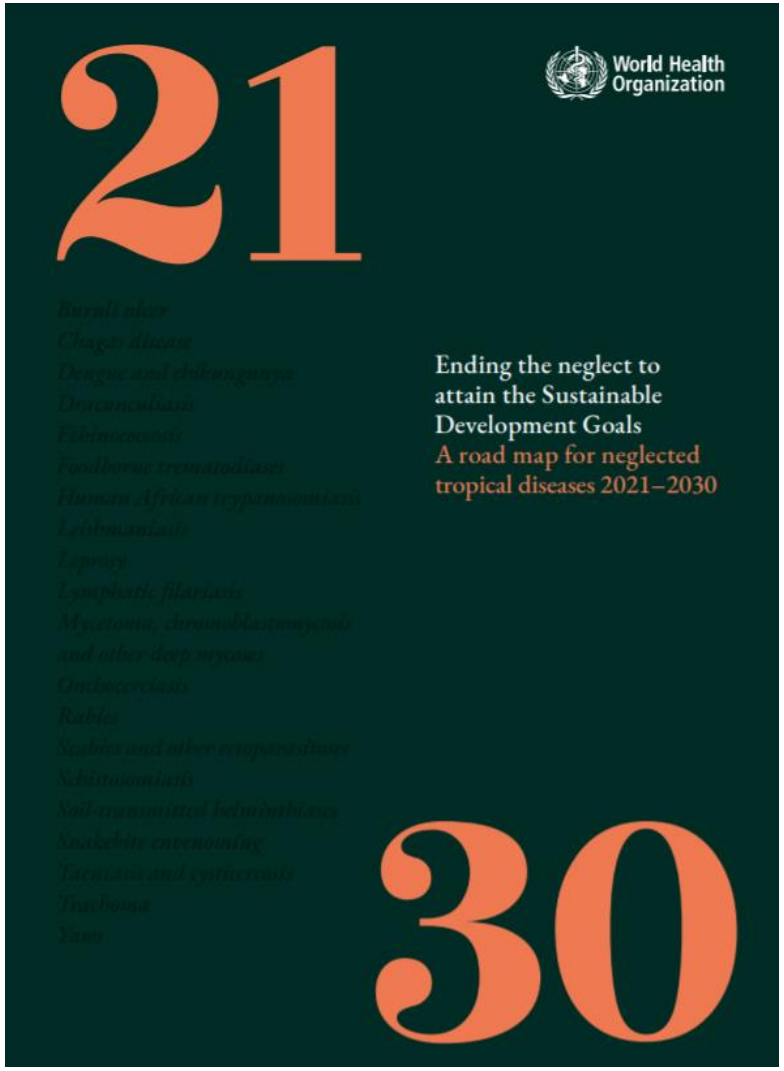
Preventive Chemotherapy Neglected Tropical Diseases (PC-NTDs)

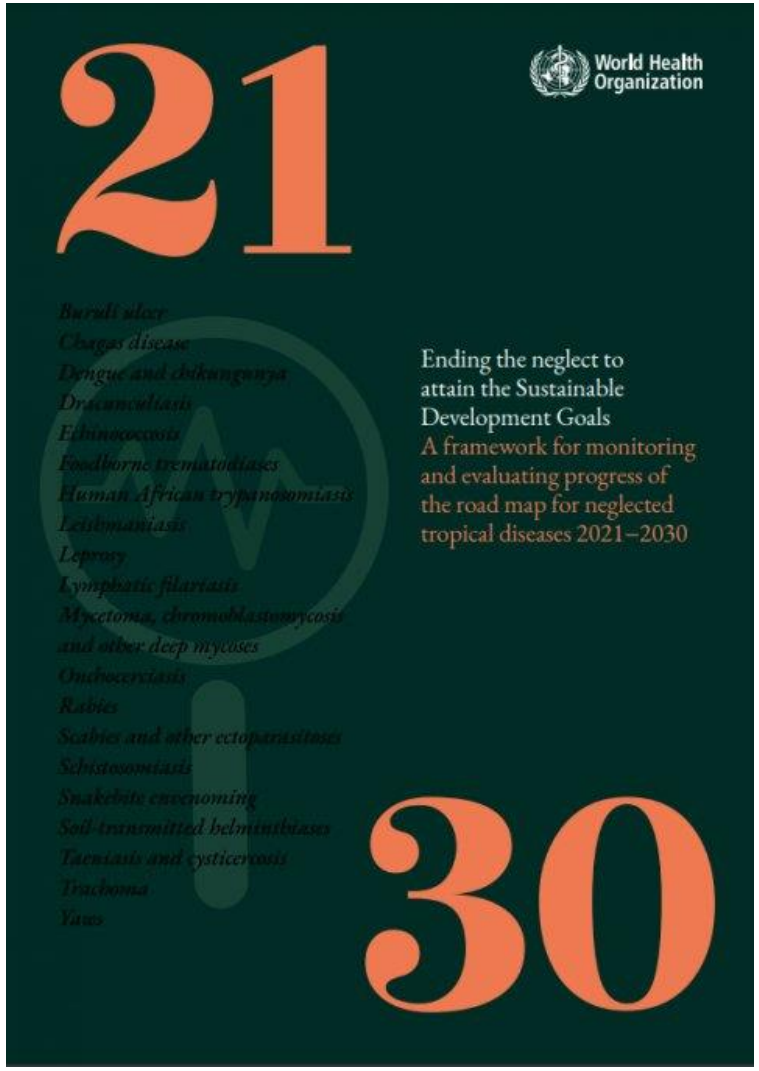
These are diseases caused by worm infections (4) and (1) bacteria disease

Can be prevented by large-scale delivery of safe, single administration, quality-assured medicines,

- either alone or in combination,
- at regular intervals,
- to entire target population groups in communities and schools

Key documents: road map, M&E and sustainability





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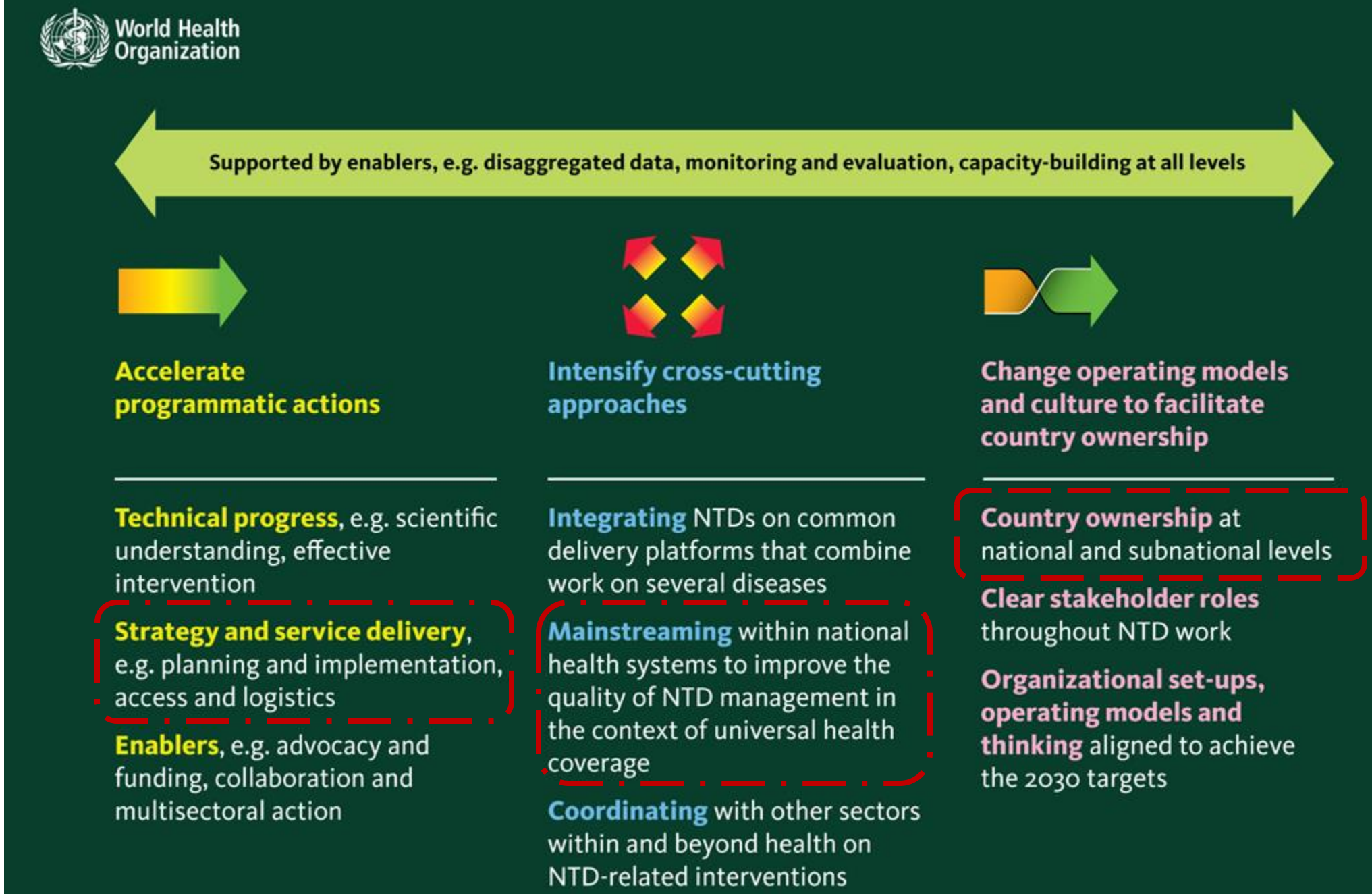
Gap assessment for each NTD

NTD road map strategic shifts

Emphasis for supply chain



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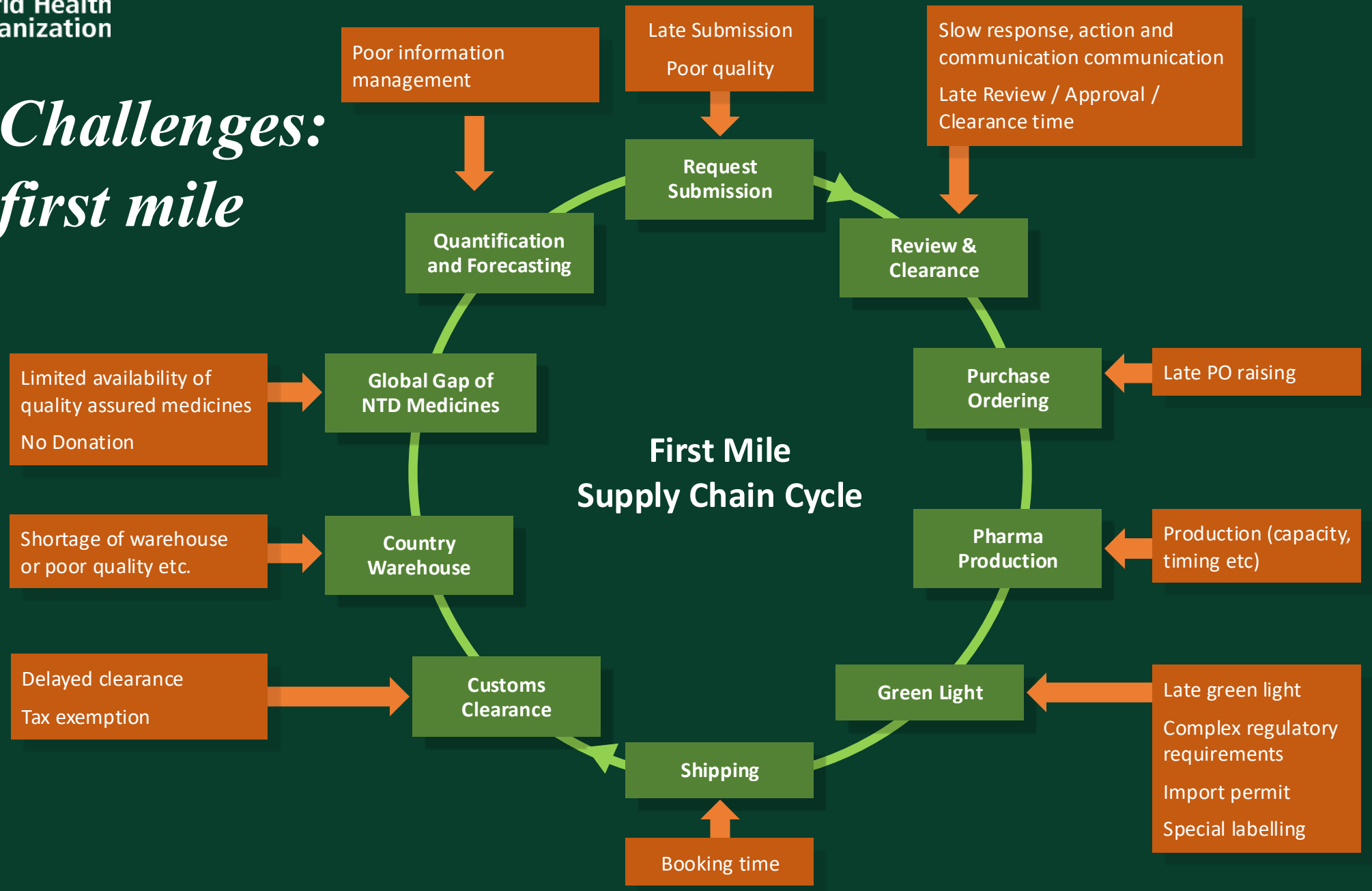
Challenges: first mile



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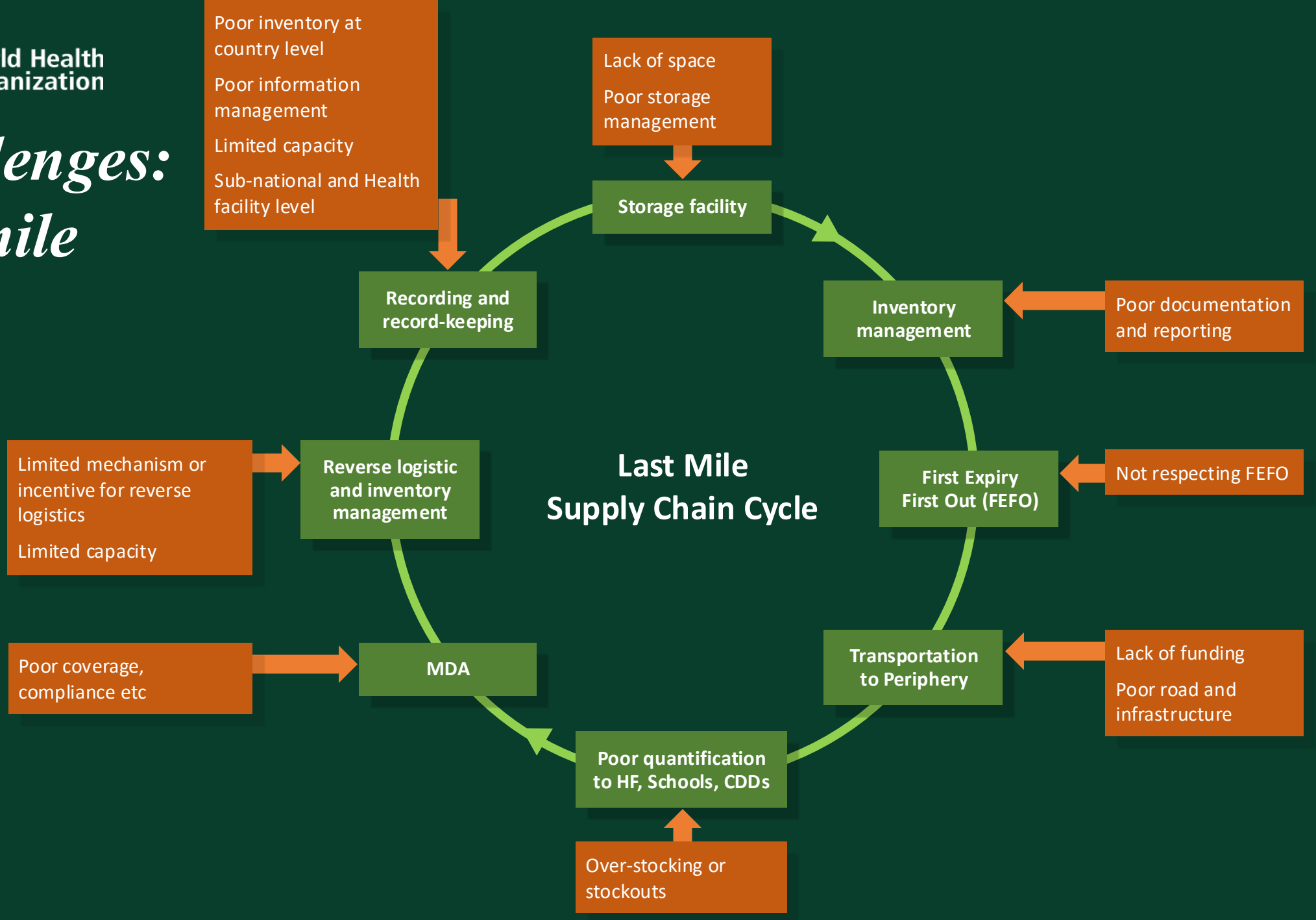
Challenges: last mile



Our goal is

- To improve access to quality assured NTD medicine and Health Products to all countries…to achieve the NTD 2030 Roadmap goals
  - requiring NTD interventions apply for donated or procured NTD Health Products
  - receive donated or procured NTD Health Products on time
  - Distribute/utilize the donated or procured NTD Health Products as planned and rationally
  - report on implemented activities within a defined timeframe.
  - Ensure collaboration and effective communication with the pharmaceutical donors and Global NTD community

How?

- **Coordination of NTD Health Product donation** pharma donors, forwarders, countries and implementing partners
- **Strengthening country support activities** through closer collaboration with WHO Regional Offices and Country Offices
- **Produce guidance and capacity building tools** to NTD programmes
- Supporting the JAP Review and supply chain management process
- Expand access to NTD Health products to all NTDs through donation or negotiated price and pooled procurement
- Problem-solving country visits
- Coordinated follow-up on implementation

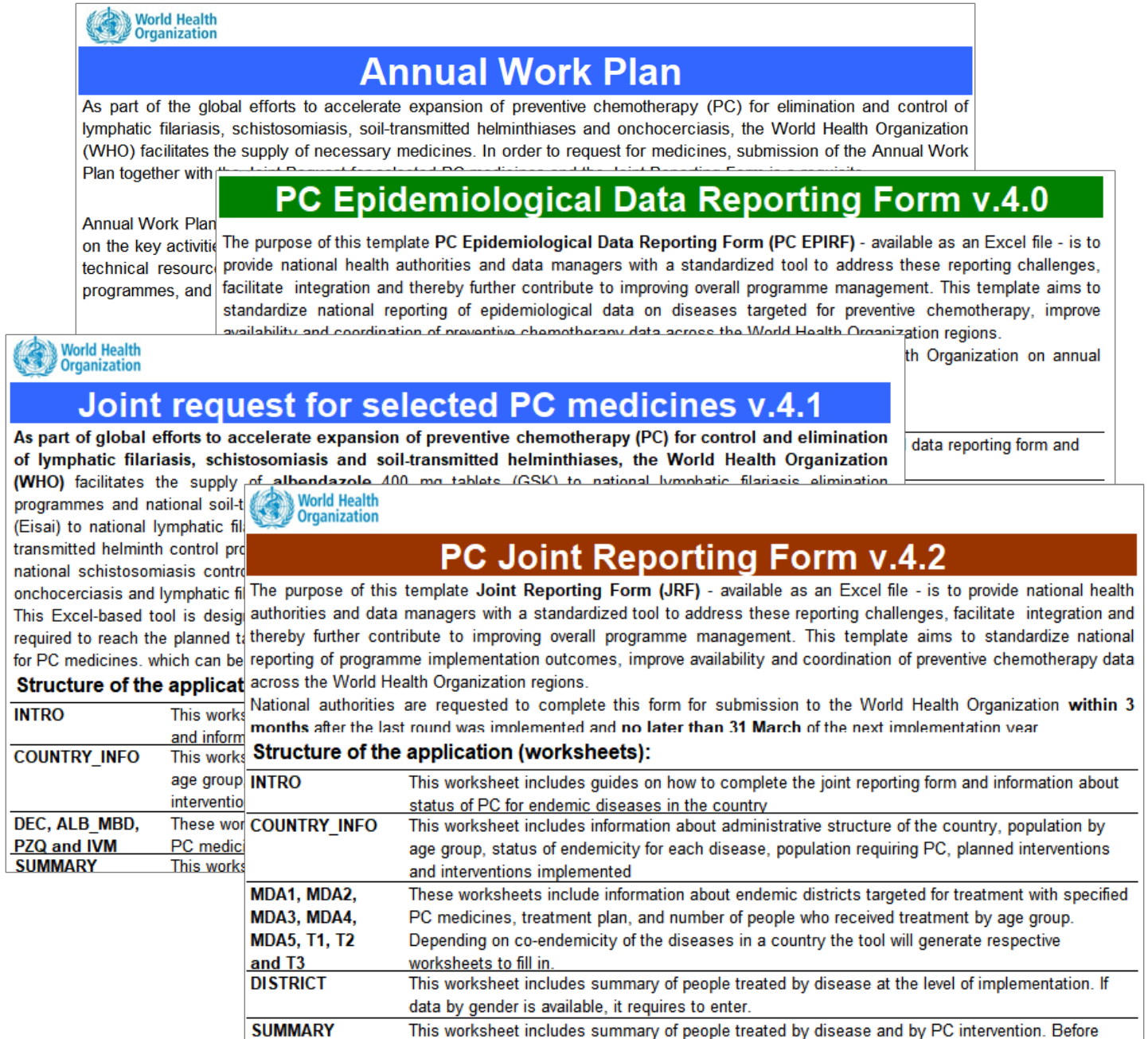
PC Joint Application Package (JAP)

A unified system and set of tools to support application, review, and reporting processes, improving coordination across programmes targeting:

- Lymphatic filariasis (LF)
- Onchocerciasis (ONCHO)
- Schistosomiasis (SCH)
- Soil-transmitted helminthiases (STH)

Update:

- WHO/NTD released JAP v4 in June 2022.
- **JAP tutorial videos (2026)**



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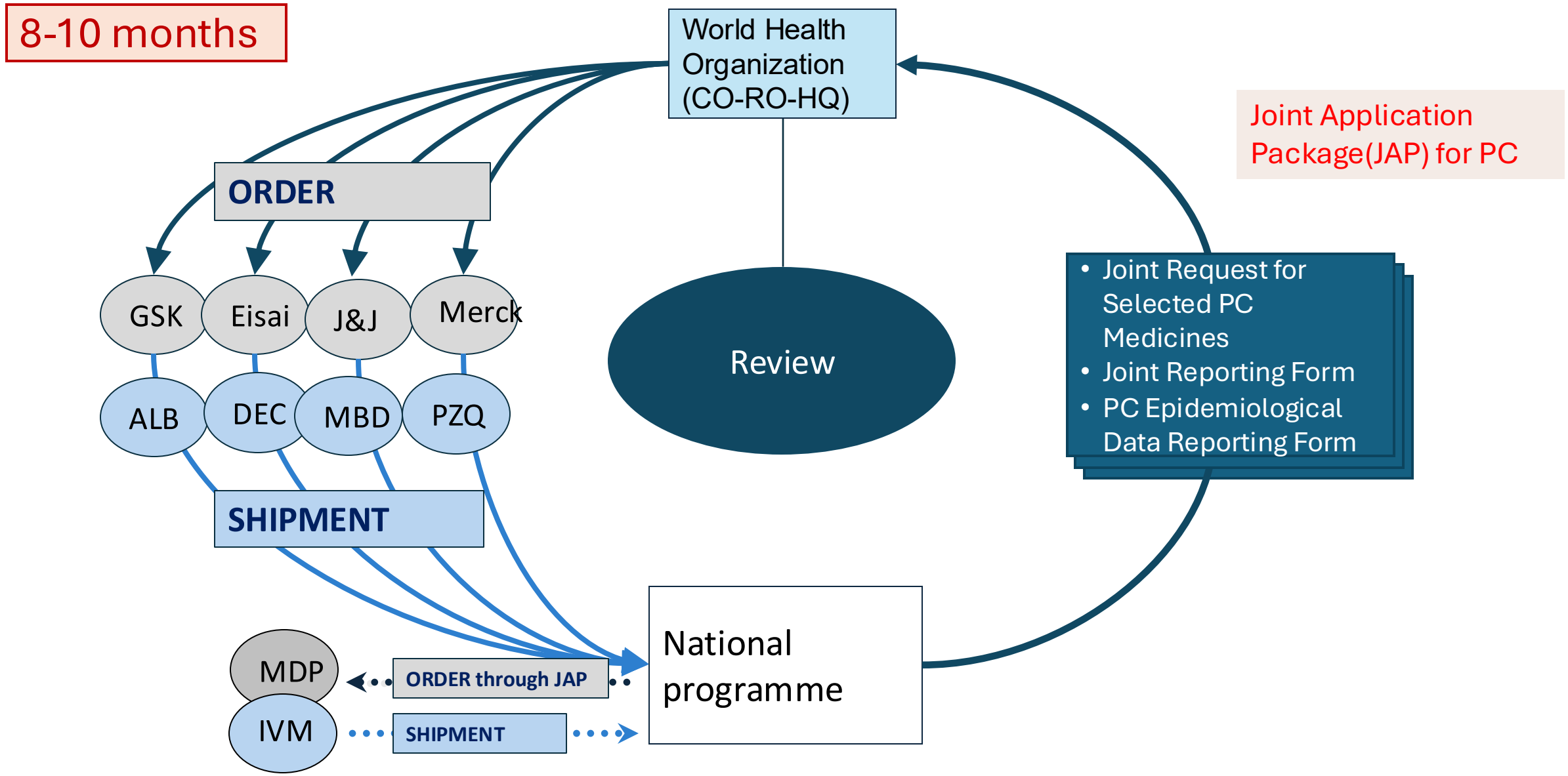
Joint PC process at global level



NTDs	Manufacturer	Product Name	MOU Period	Donation Commitments
Onchocerciasis	Merck, Sharpe and Dohme (MSD) (USA)	Ivermectin (3 mg Tablets)	Since 1987/1997 until elimination of onchocerciasis/LF respectively	• Unlimited supply for the treatment of Oncho • Onchocerciasis and LF.To date over 5 billion tablets donated • Managed by MDP
Lymphatic filariasis	Eisai (Japan)	Diethylcarbamazine citrate (100 mg tablets)	Since 2012 until elimination of LF (current MOU runs till 2025) **2026 -2030**	• Up to 2.2 billion tablets committed for first 7-year period for use in the preventive chemotherapy of lymphatic filariasis • Extended in 2017 until elimination is achieved • Amendment 1 signed for donation till end 2021 • **Up to 400 million tablets per year**
	GlaxoSmithKline (GSK) (UK)	Albendazole (400mg tablets)	Since 1997 until elimination of LF **2026 -2030**	Up to 600 million tablets annually for use in the preventive chemotherapy of lymphatic filariasis - Upto 500 million tablets per year
Schistosomiasis	Merck KGaA (Germany)	Praziquantel (600 mg tablets)	Since 2007 for an unlimited period	• Up to 200 million tablets annually for the treatment of schistosomiasis in school-age children (notably in Africa) • Since 2017, donation scaled up to 250 million tablets annually for the treatment of schistosomiasis in school-aged children and adults (in specific epidemiological contexts)
Soil-transmitted helminthiasis	GlaxoSmithKline (GSK) (UK)	Albendazole (400mg tablets)	2012–2025 **2026-2030**	Donation expanded by 200 million tablets annually for use in the preventive chemotherapy of soil-transmitted Helminths in school-aged children and women of reproductive age - Upto 100 million tablets per year
	Johnson & Johnson (USA)	Mebendazole (500 mg tablets)	**2026 –2030**	Up to 200 million tablets annually for the treatment of soil-transmitted helminthiases in school-age children
Trachoma	Pfizer	Azithromycine (Zithromax)	**Upto 2030**	Over 1 billion doses of Zithromax have been supplied since the program's inception in 1998. Managed by International Trachoma Initiative (ITI)

NTD Medicines supplied through WHO coordination, 2011-2025

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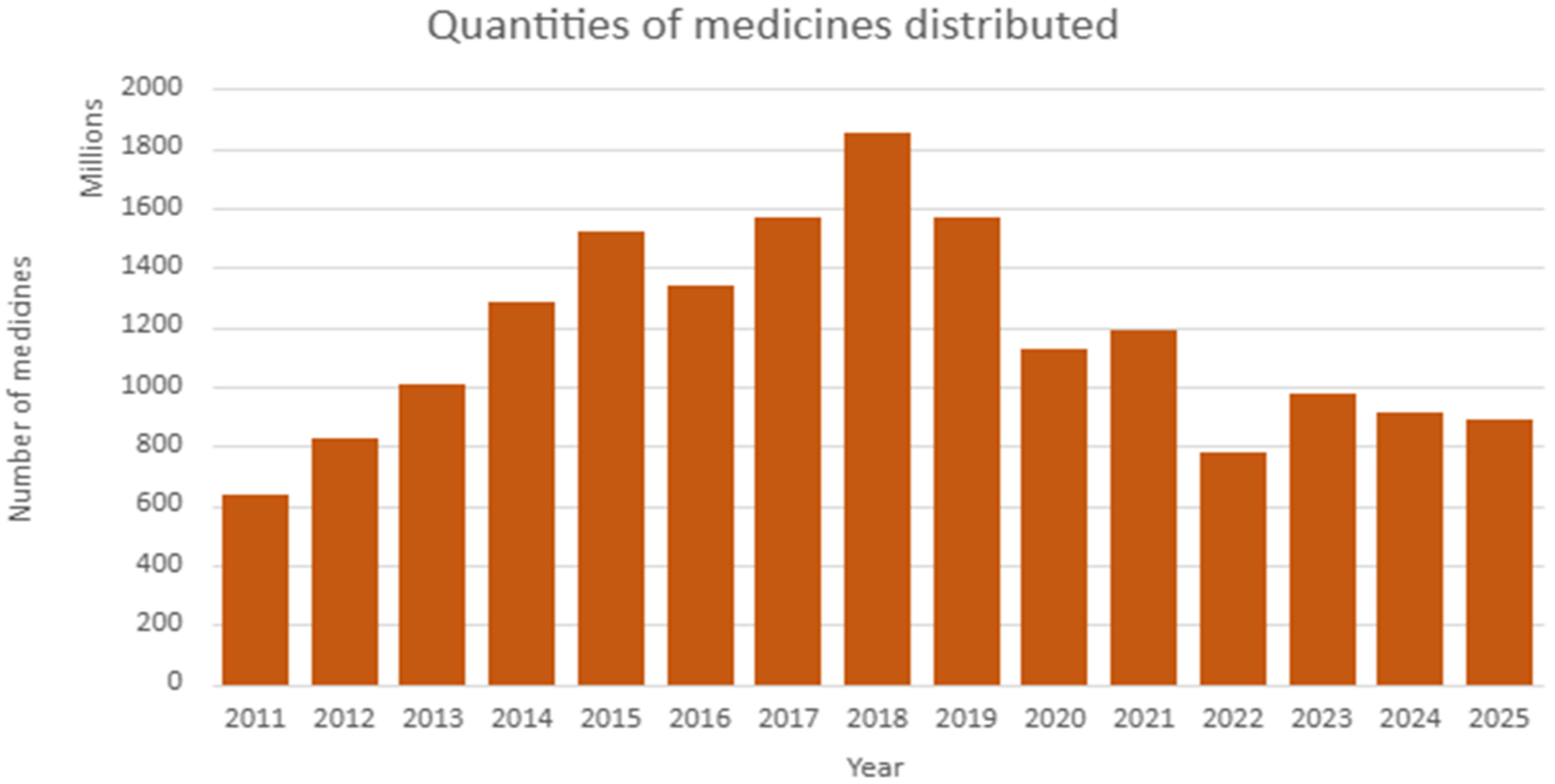
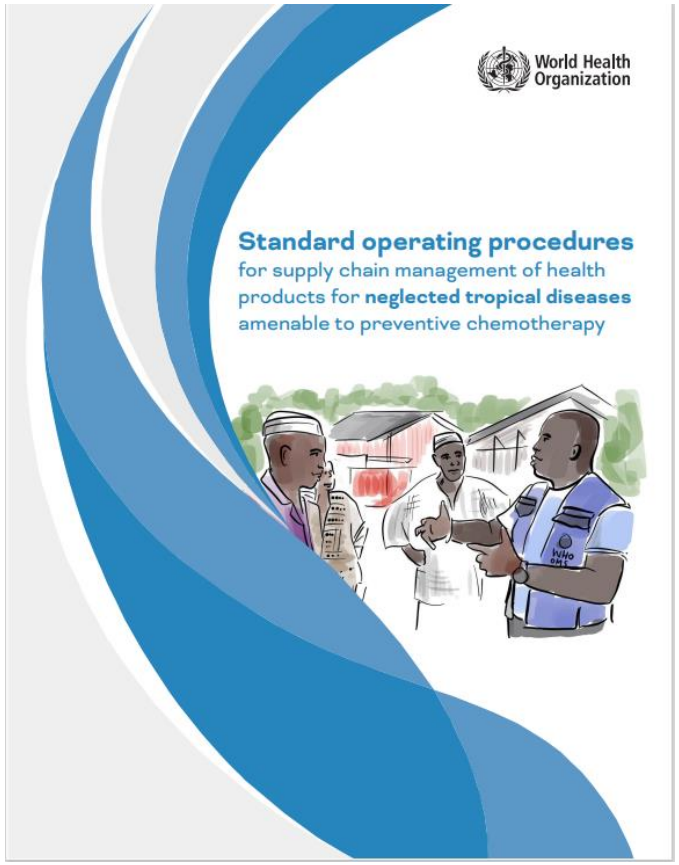
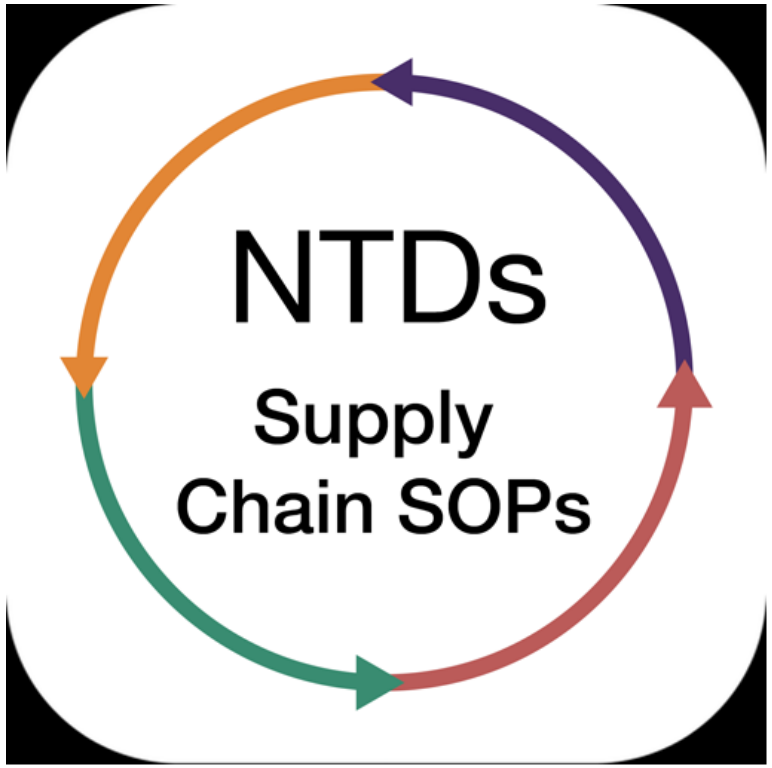


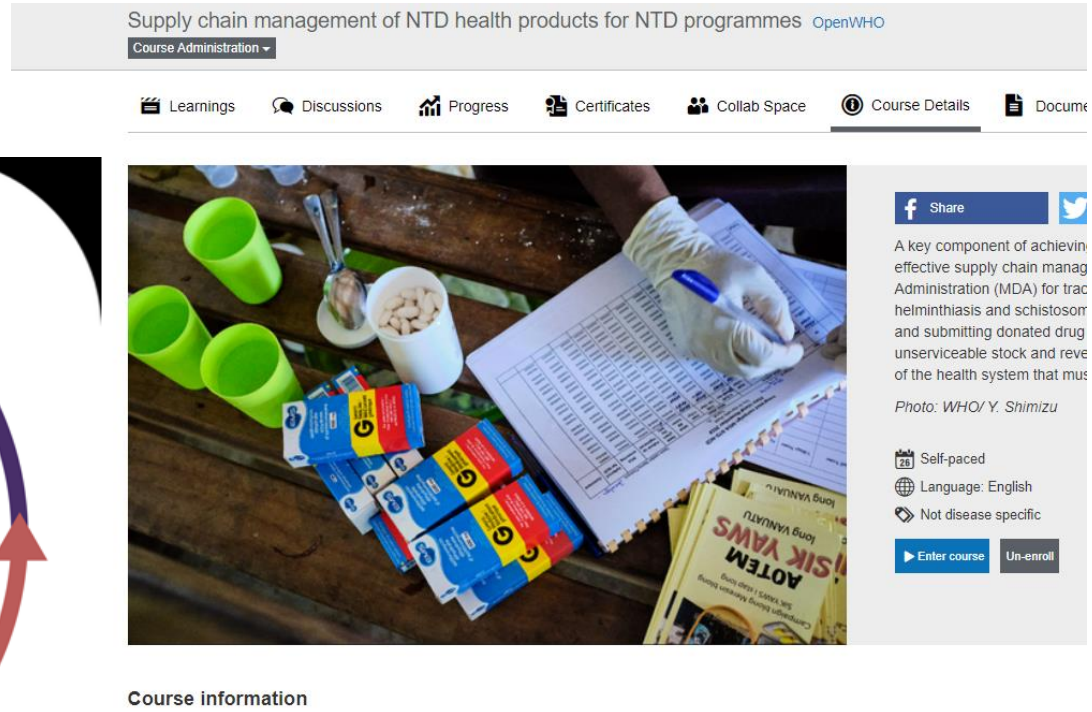
Available resources for Capacity-building



SOP Manual



SOP Manual App



Online Course

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FOCUS ON ESPEN

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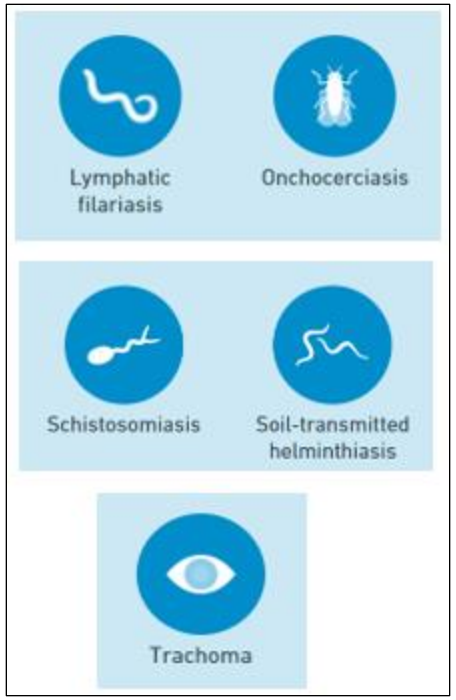
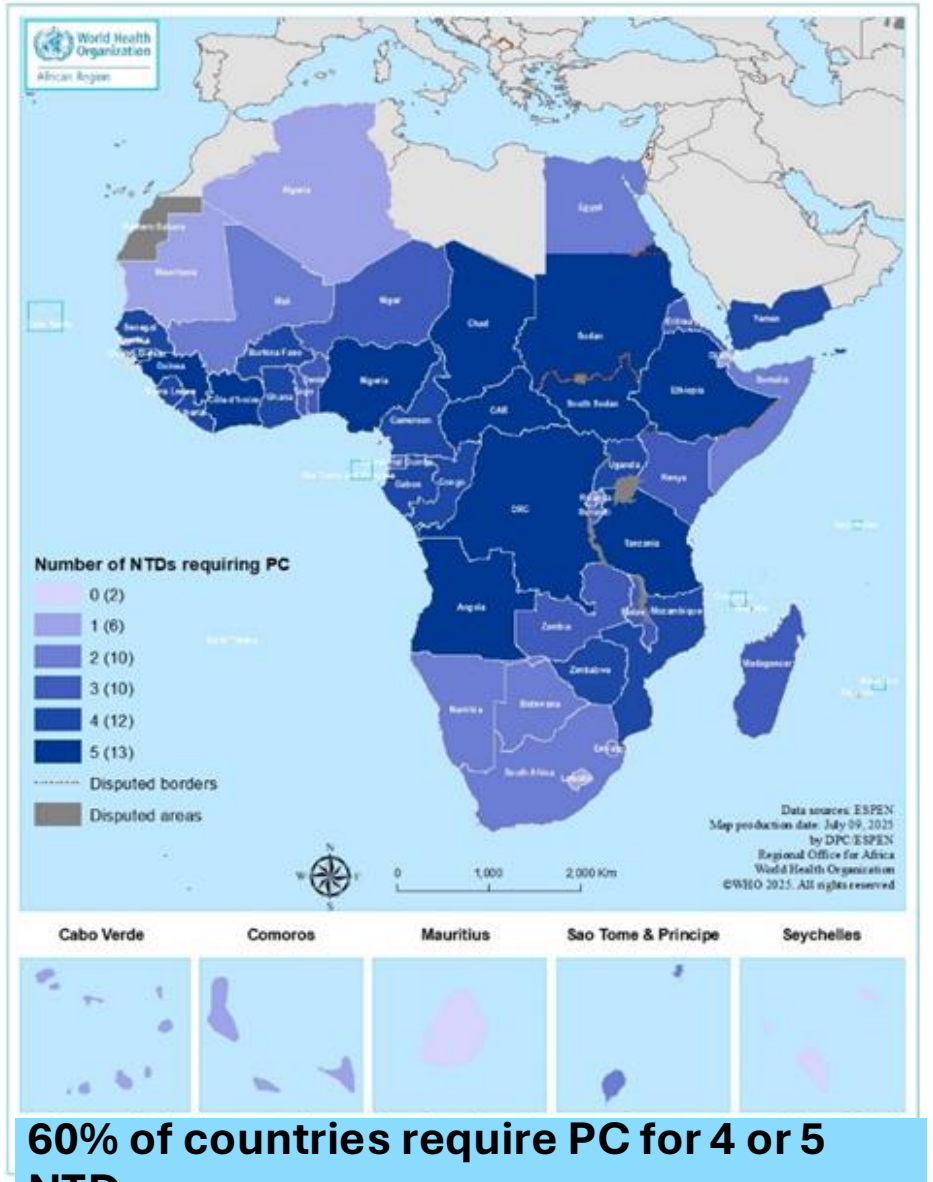
Understanding the Context

ESPEN : A Public-Private Partnership



ESPEN covers 47 countries in AFRO & 5 in EMRO
(Djibouti, Egypt, Somalia, Sudan & Yemen)

90% of NTD Burden



60% of countries require PC for 4 or 5 NTDs

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Progress in PC-NTD elimination in AFR 2025

305.6 MILLION

People reached with NTD treatment

Nearly 60% of population in need treated

1st in AFRICA

Onchocerciasis eliminated

Niger verified as first country to eliminate transmission

3 COUNTRIES

Trachoma eliminated in 2025

Total reaches 9 countries

44 SURVEYS

Stronger data for decision-making

Across 17 countries with ESPEN tools

US$ 66.9M

Saved through supply chains

Reduced wastage of donated medicines

2026–2030

New ESPEN Strategy

Country-led, integrated approach launched

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2025 SUPPLY CHAIN HIGHLIGHTS

36
MEDICINE REQUESTS REVIEWED

Across 45 countries, with **85% approved**, reflecting strong compliance with donor requirements.

16
COUNTRIES SUPPORTED

During the USAID funding disruption, helping keep medicine wastage below **3%**.

74%
OF MEDICINES IDENTIFIED AS AT RISK OF EXPIRY

Were successfully safeguarded through country, partner, and WHO collaboration.

1.03
BILLION TABLETS APPROVED FOR SHIPMENT

(Excluding azithromycin), representing an estimated value of **USD 160.1 MILLION.**

USD 66.9 MILLION
IN SAVINGS GENERATED

Through optimized review of medicine requests and inventory management, preventing excess supply and potential wastage.

DELIVERING IMPACT
THROUGH STRONG SUPPLY CHAINS

Ensuring quality-assured medicines reach those who need them most and advancing progress towards NTD elimination.

Vision Mission and Goal

Vision

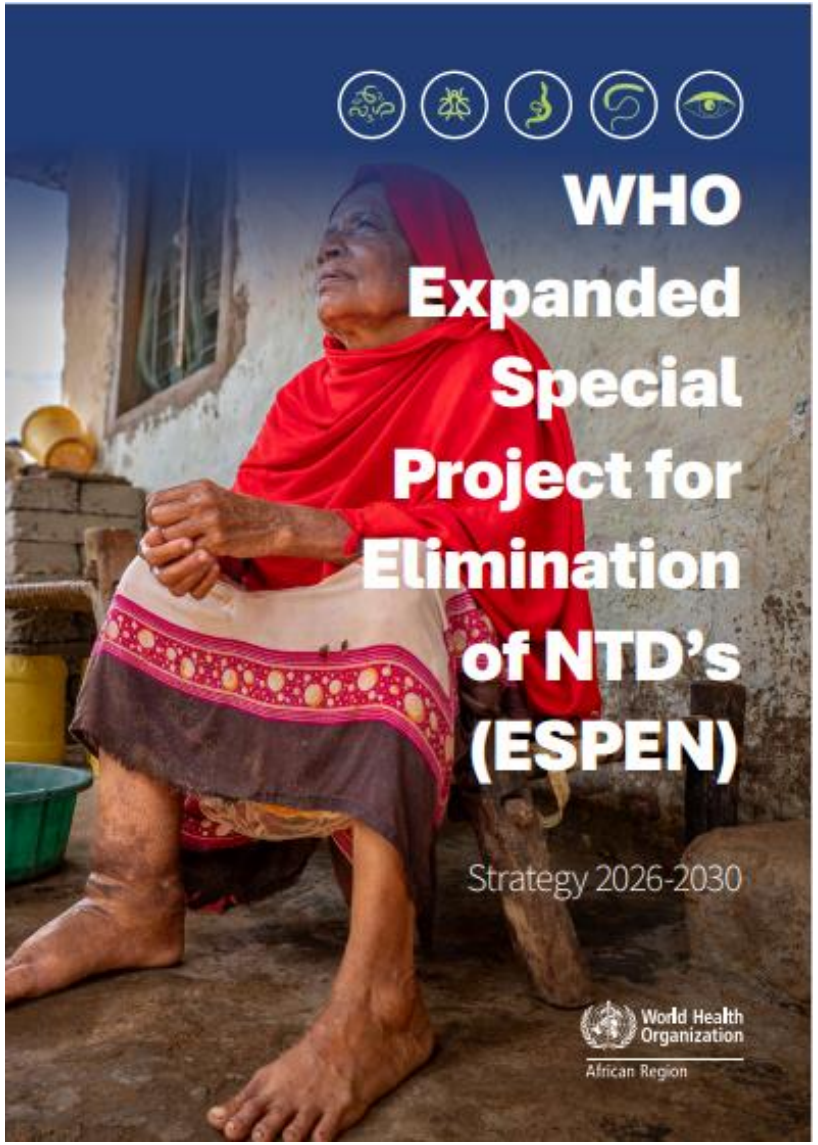
ESPEN envisions an Africa completely free of neglected tropical diseases by eliminating PCNTDs.

Mission to Accelerate Elimination

ESPEN aims to accelerate PCNTD elimination using integrated, data driven, and country led health interventions.

Goal by 2030

Support African countries to meet elimination targets by strengthening health systems and partner coordination.



Overview of Pillars and Strategies

ESPEN STRATEGY 2026-2030

Strategic Goal

By December 2030, support endemic countries in the WHO African Region to achieve their PC-NTD elimination targets by strengthening planning, coordination, and delivery of interventions through more responsive health systems and effective partner coordination

Thematic Pillars

1: Foster Country Leadership and Technical Capacity for PC-NTD elimination

- Targeted Technical Support and Catalytic Funding
- Strengthen Laboratory Capacity for Surveillance and Verification
- Multisectoral Coordination and One Health Integration

2: Ensure Access to Medicines and Diagnostics

- Strengthen NTD Medicine Supply Chain Management
- Expand and enhance equitable access to Diagnostics
- Quality and timeliness of JAP Review and Reporting

3: Harness AI for Data-Driven Planning, Monitoring and Innovation

- Enhance and maintain ESPEN Portal, Survey Data and Surveillance Tools
- Promote Artificial Intelligence for Innovation and Data Use
- Support Operational Research for Programme Improvement

4: Strengthen Regional Coordination and Partnerships

- Strategic Convening of and Participating in Stakeholder Forums
- Partner Engagement and Resource Mobilization
- Advocacy & Strategic Communications

Cross-cutting Pillars

5: Promote Integration of PC-NTDs into Health Systems

Advocate for Integration of PC-NTDs interventions into national health plans and universal health coverage
Provide technical assistance for integrated/co-delivery of PC-NTD Interventions
Facilitate Integration of PC-NTD Data and Supply Chain Systems into National Systems

6: Embed Gender, Equity and Social Inclusion

Focus on hard-to-reach and marginalized populations with targeted NTD interventions
Data-Driven Gender and Inclusion Monitoring
Empowering Women in NTD Leadership through the Mwele Malecela Mentorship Programme

Putting People First for Sustainable Impact

Reaching Schools and Communities

Delivering health interventions where children learn and families live

At a school in Enugu Otu village, Anambra West LGA, **Nigeria**, children and community members gather for an **MDA campaign**. Their active participation shows a shared commitment to **eliminating NTDs** and securing a **healthier future for the next generation**.

Reaching the Most Remote and Vulnerable

Ensuring no one is left behind, even in the hardest-to-reach areas.

Tamari, 68, from Cibitoke, Burundi, endured years of pain from river blindness, a disease affecting over **2.1 million Burundians**.
Today, thanks to community-based treatment and WHO-led efforts, **health and dignity are being restored**.

Access That Makes a Difference

Ensuring life-changing NTD medicines reach those who need them most

Nyashe, 40, from Ndu Island in Lamu County, Kenya, has lived with elephantiasis since the age of 18. She welcomes the **ongoing medicine distribution and** hopes future generations will be spared the disease. Through **sustained medicine delivery** and community-based treatment, Kenya is now on track to eliminate LF, reducing the population requiring treatment from **nearly 4 M people to just 12,000 by June 2025**.

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THANK YOU

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IDM Medicine Supply

AFRO – Supply chain workshop

Case Management Medicines/supplies Update - (June 15th 2026)

NTD Health PAD & Coordination Team

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NTDs	Manufacturer	Product Name	MOU Period	Donation Commitments
Chagas disease	Bayer AG (Germany)	Nifurtimox (120 mg tablets and 30mg tablets)	2007–2030	• Up to a total of 12,500,000 tablets for the treatment of Chagas disease
	Chemo Group (Mundo Sano)	Benznidazole (100 mg tablet; 12.5 mg tablet)	2020–2023	• 3,000 tablets (12.5mg)/105,000 tablets (100mg)
Foodborne trematode infections (clonorchiasis and opisthorchiasis)	Bayer AG (Germany)	Praziquantel (600 mg tablets)	**2020–2024**	• Within the limits of the donation of praziquantel for taeniasis/cysticercosis – • Production stopped in 2024
Human African trypanosomiasis (HAT)	Bayer AG (Germany)	Nifurtimox (120 mg tablets and 30mg tablets)	2009–2026	• Up to 150,000 tablets for five years, adjustable to needs to treat human African trypanosomiasis
		Suramin (1 g in vial)	2002–2026	• Up to 10,000 vials for five years, adjustable to needs to treat human African trypanosomiasis
	Sanofi (France)	• Eflornithine (200 mg per mL in 100 mL bottle); • Melarsoprol (3.6% in 5 mL ampoule solution (180 mg of active compound); • Pentamidine (200 mg powder for injection)	2001–2026	• Unlimited quantity for the treatment of human African trypanosomiasis
		Fexinidazole (600 mg tablets)	2019–2026	
Visceral leishmaniasis (VL)	Gilead Sciences, Inc. (United States of America)	Liposomal Amphotericin B (lyophilized 50 mg formulation in vials) (AmBisome®)	2012–2030	• Up to 445,000 vials for the treatment of visceral leishmaniasis in South-East Asia and East Africa
				• Up to 380,400 vials for the treatment of visceral leishmaniasis in South-East Asia and East Africa
Yaws	EMS SA Pharma (Brazil)	Azithromycin (500 mg tablets)	2019–2029	• 153 million tablets to support the global eradication of yaws.
Taeniasis/ cysticercosis	Bayer AG (Germany)	Niclosamide (500 mg tablets)	2020–2030	• Up to a total of 2,800,000 tablets for the treatment of taeniasis
		Praziquantel (600 mg tablets)		• Up to a total of 1,339,000 tablets for the treatment of taeniasis • Production stopped in 2024

Interactive dashboard (Donors and products)

07 July 2026

NTD CM and other health products supply chain update – to 2026 (YTD)

Link:

Microsoft Edge
HTML Document

World Health Organization

NTD - IDM Health Products supplies Donation & distribution Update (2011 - 2026..)

NTD Supplies Deliery Strategy	Disease	Products	Donor	2011	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026...	Grand Total
Disease	Chagas															-
		Nifurtimox	BAYER	488,100	1,231,600	1,071,200	1,098,100	1,209,500	523,000	529,700	493,000	986,900	1,806,600	1,026,400	1,089,400	**14,372,000**
		Benznidazole	Chemo Group (Mundo Sano)						900	4,570	5,300	5,900	1,100	5,060	4,100	**26,930**
	HAT															-
		Eflornithine	SANOFI	38,932	21,864	3,393	3,758	3,560	6,319	3,170	1,041	794	510	816	219	**179,140**
		Melarsoprol	SANOFI	11,613	60	2,493	120	845	880	4,205	450	680	260	2,790	240	**33,375**
		Nifurtimox	BAYER	344,900	173,100	128,800	25,100	9,900	12,300	14,100	1,007	1,300	19,800	4,200	-	**1,488,607**
		Pentamidine	SANOFI	19,705	22,515	170	3,226	985	2,311	1,555	20	690	236	650	20	**118,219**
		Suramin	BAYER	55	65	135	199	115	385	890	775	580	365	370	100	**7,588**
		Fexinidazole	SANOFI					300	126	686	596	964	322	380	112	**3,486**
	VL															-
		SSG	Various										39,410	39,186	7,000	**85,596**
		Promomycin											62,700	87,300	10,000	**160,000**
		AmBisome®	GILEAD	-	88,600	61,600	66,570	25,940	72,950	86,970	42,570	63,100	82,400	4,470	8,000	**786,190**
	Yaws															-
		Azithromycin	EMS Brazil		-	-	-	188,811	1,661,430	1,500,000	3,071,610	3,118,650	392,256	-	1,166,628	**11,099,385**
	Taeniasis															-
		Praziquantel	BAYER								620,000	345,000	51,000	330,000	-	**1,346,000**
		Niclosamide	BAYER							12,000	75,260	602,740	-	229,136	-	**919,136**
Grand Total				**903,305**	**1,537,804**	**1,267,791**	**1,197,073**	**1,439,956**	**2,280,601**	**2,157,846**	**4,311,629**	**5,127,298**	**2,456,959**	**1,730,758**	**2,285,819**	**30,625,652**

NTD – IDM Health Products Supply Chain

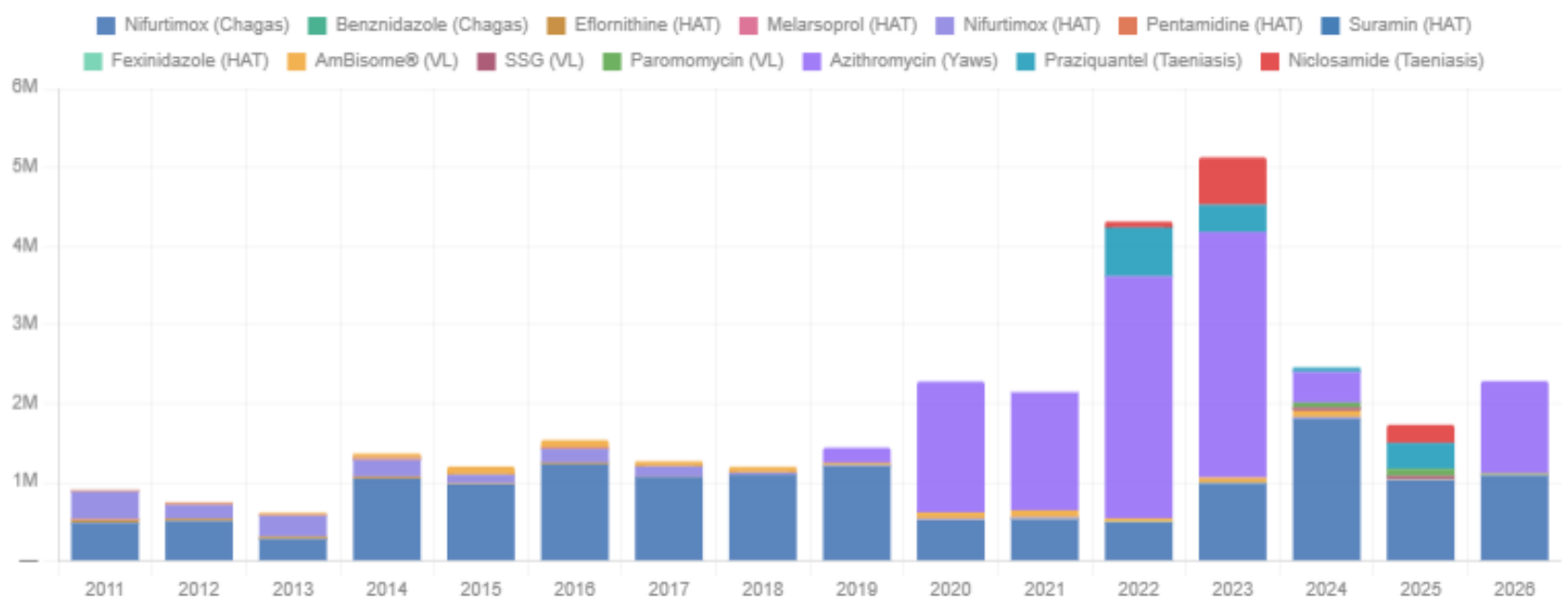
Donation & distribution update · 2011–2026

Updated 2026

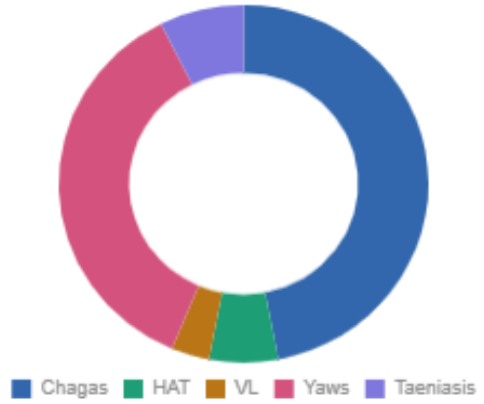
DISEASE All | Chagas | HAT | VL | Yaws | Taeniasis

2026 SUPPLY	2025 SUPPLY	ALL-TIME TOTAL	PRODUCTS TRACKED
2.29M	1.73M	30.63M	14
units · 14 products	-29.6% vs 2024	2011–2026	across all diseases

ANNUAL SUPPLY BY PRODUCT (UNITS)



DISEASE SHARE (ALL-TIME)



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PRODUCT DETAIL

DISEASE	PRODUCT	DONOR	2024	2025	2026	GRAND TOTAL	TREND
Chagas	Nifurtimox	BAYER	1,806,600	1,026,400	1,089,400	14,372,000	
Chagas	Benznidazole	Chemo Group (Mundo Sano)	1,100	5,060	4,100	26,930	
HAT	Eflornithine	SANOFI	510	816	219	179,140	
HAT	Melarsoprol	SANOFI	260	2,790	240	33,375	
HAT	Nifurtimox	BAYER	19,800	4,200	—	1,488,607	
HAT	Pentamidine	SANOFI	236	650	20	118,219	
HAT	Suramin	BAYER	365	370	100	7,588	
HAT	Fexinidazole	SANOFI	322	380	112	3,486	
VL	AmBisome®	GILEAD	82,400	4,470	8,000	786,190	
VL	SSG	Various	39,410	39,186	7,000	85,596	
VL	Paromomycin	Various	62,700	87,300	10,000	160,000	
Yaws	Azithromycin	EMS Brazil	392,256	—	1,166,628	11,099,385	
Taeniasis	Praziquantel	BAYER	51,000	330,000	—	1,346,000	
Taeniasis	Niclosamide	BAYER	—	229,136	—	919,136	

DONOR SUMMARY (ALL-TIME)

BAYER
18.13M
Nifurtimox, Suramin, Praziquantel, Niclosamide

EMS Brazil
11.1M
Azithromycin

GILEAD
786.2k
AmBisome®

SANOFI
334.2k
Eflornithine, Melarsoprol, Pentamidine, Fexinidazole

Various
245.6k
SSG, Paromomycin

Chemo Group (Mundo Sano)
26.9k
Benznidazole

Challenges

Few Logistics and Supply Chain challenges were observed in the last few years (planning, supply chain, logistics and financial constrains):

- Large stock on-hand (Chagas and Taeniasis);
- Lack of implementation funds impacted some beneficiary countries' ability to accept and manage the donated medicines;
- Logistics & accessibility: some beneficiary countries are hard-to-reach (only by air) and require specific transport arrangement and additional support cost ;
- Expiry date: long supply chain, production and logistics process the short shelf-life of some products were also another challenge observed;

Challenges Cont'd

Other challenges

- Cost of shipping VL medicine and kits (mainly by air)
- Delayed Greenlight from some countries (some related to administrative) – 3-5 months
- Delayed reception confirmation (PoDs)..
- Review & adjust 2026-2030 forecast (based on capacity to absorb donations by countries and programs)

Opportunities & Way forward

Q&A….

Conclusion

SANOFI

GILEAD

BAYER

EMS pharma

CHEMO
Global Affinity in Healthcare

FUNDACIÓN PROBITAS

Mundo Sano

World Health Organization

LF diagnostics

Monitoring and epidemiological assessment of mass drug administration in the global programme to eliminate lymphatic filariasis
A manual for national elimination programmes, second edition

3.4 WHO Coordinated Procurement LF Rapid diagnostic tests (RDTs)

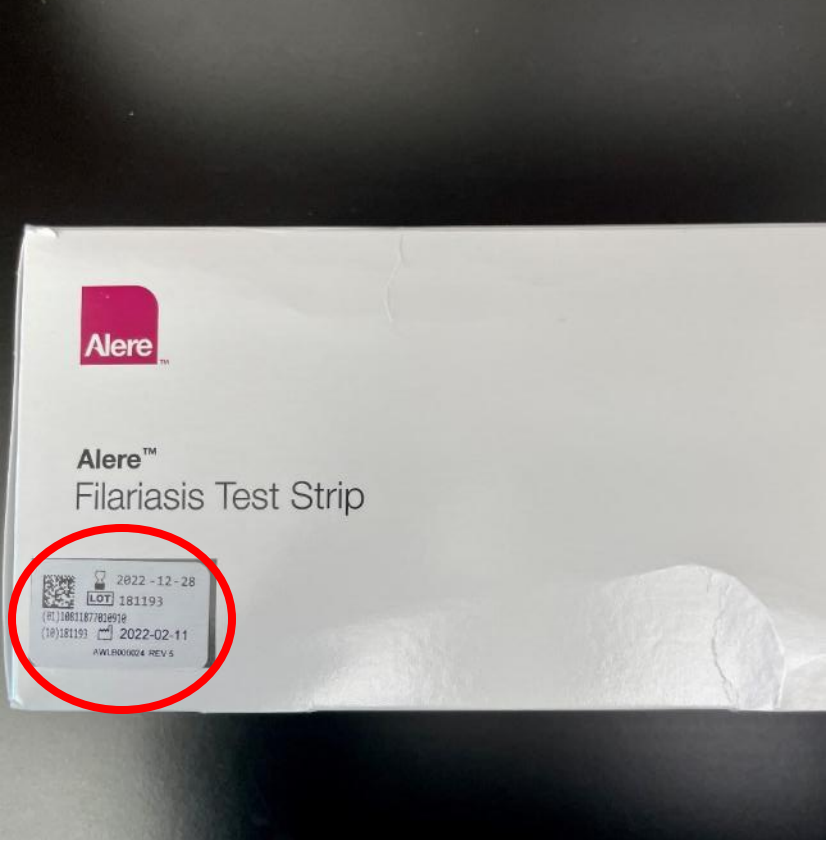
World Health Organization

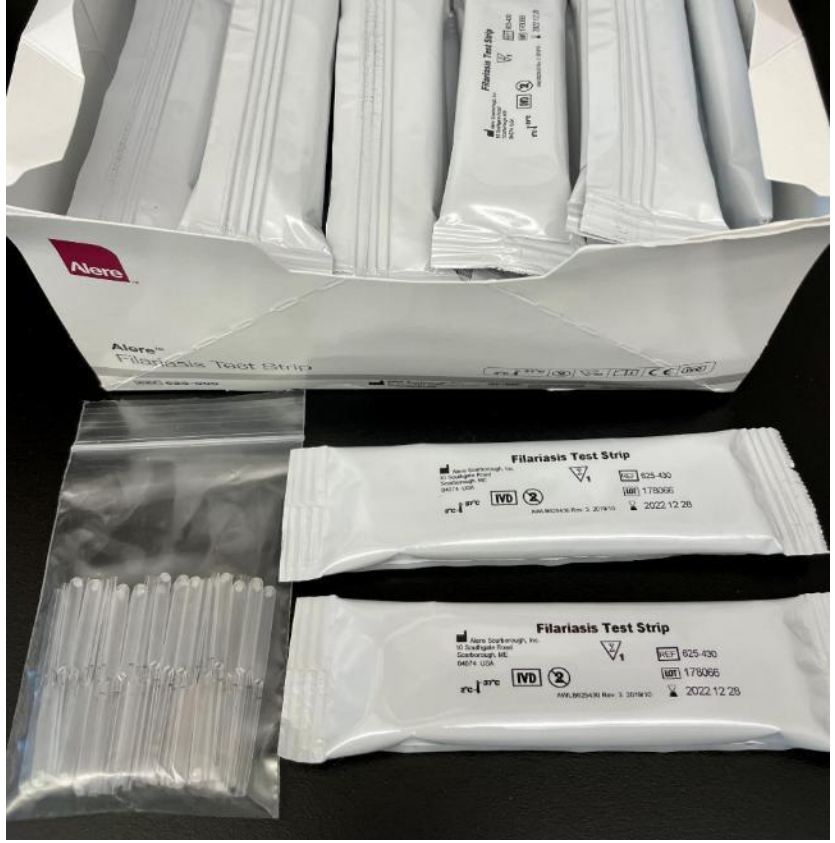
Abbott Bioline Filariasis Test Strip (FTS)

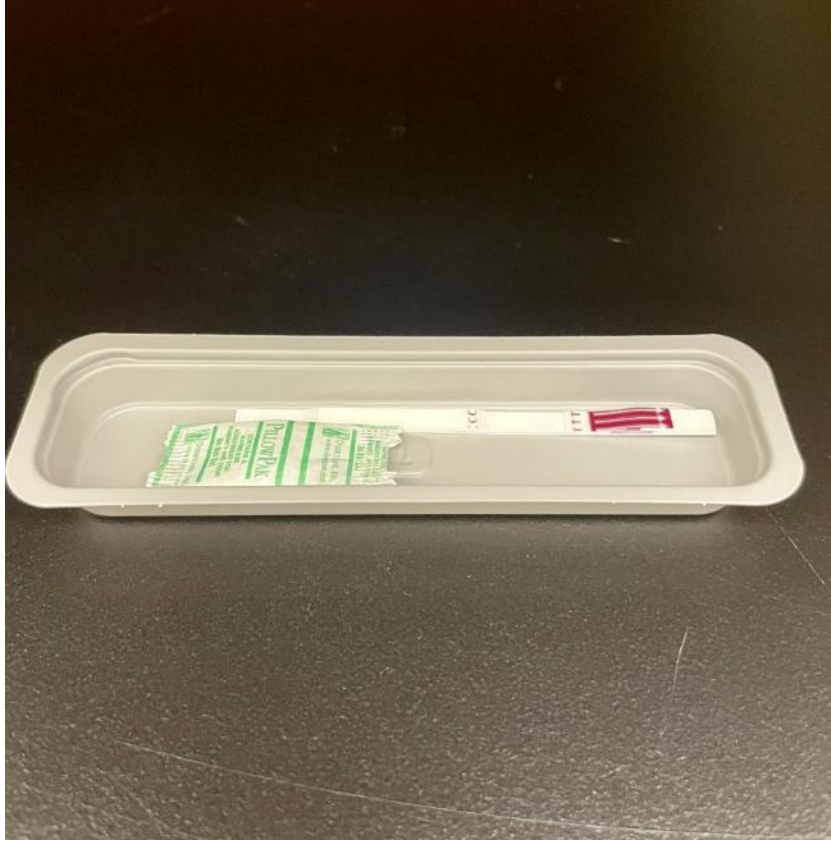
World Health Organization

Bioline Filariasis Test Strip (FTS)

- Lateral flow rapid test used for the qualitative detection of *Wuchereria bancrofti* circulating filarial antigen
- FTS results are used to make program decisions (e.g. stopping mass drug administration)



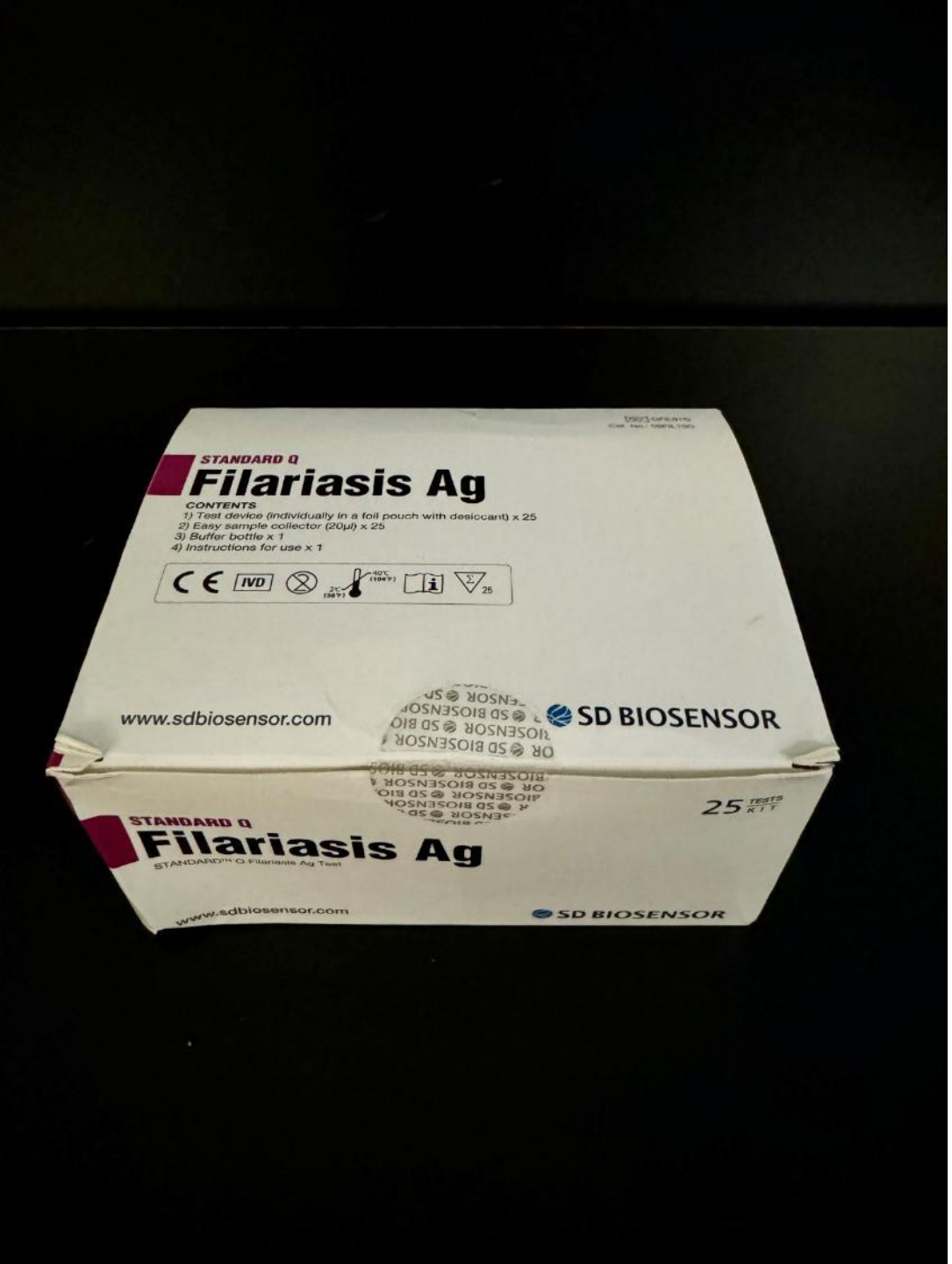




- Expiration date and kit lot number on outside of box or used past the printed expiration date
- Each kit contains 30 sealed test strips and fixed volume (75ul) micropipettes
- Each packet contains one test strip, desiccant and a plastic tray

SD Biosensor STANDARD™ Q Filariasis Antigen Test (QFAT)

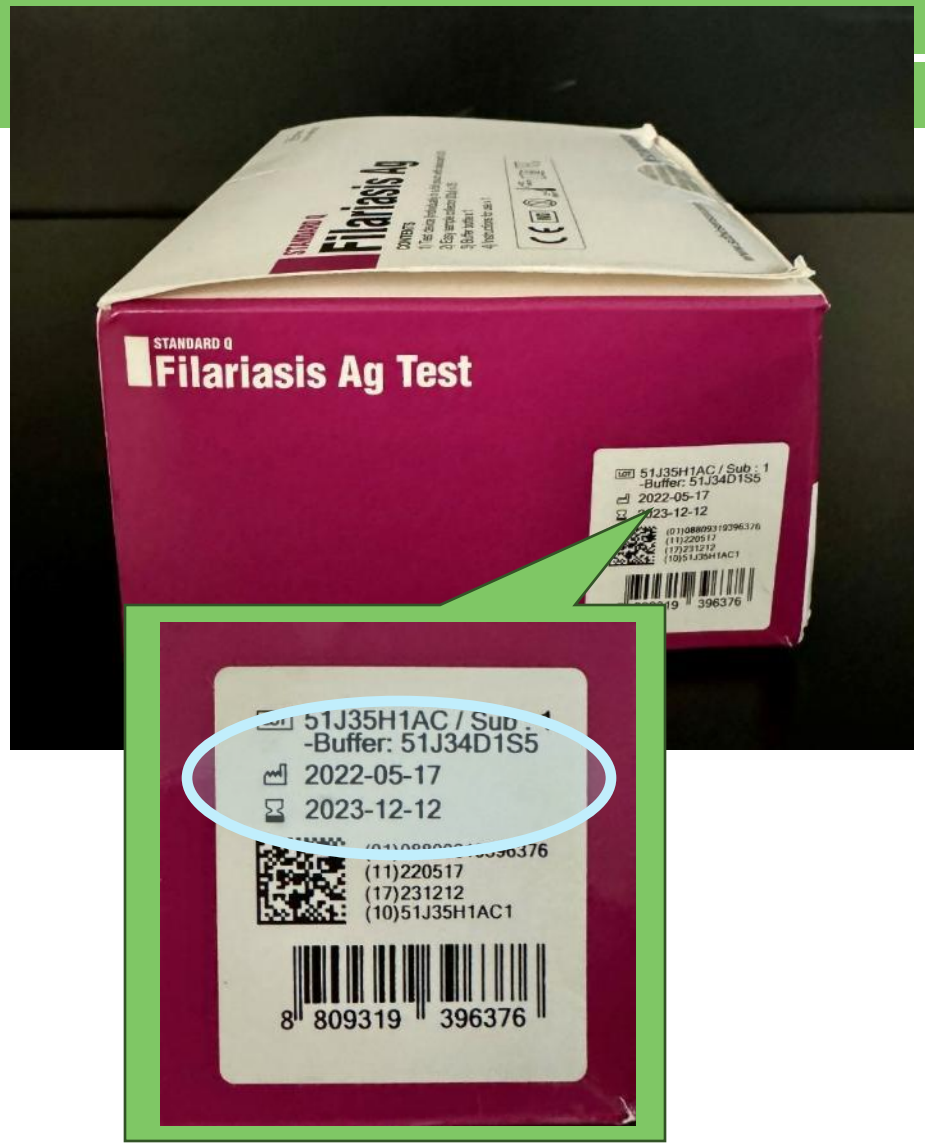
World Health Organization



What is the QFAT?

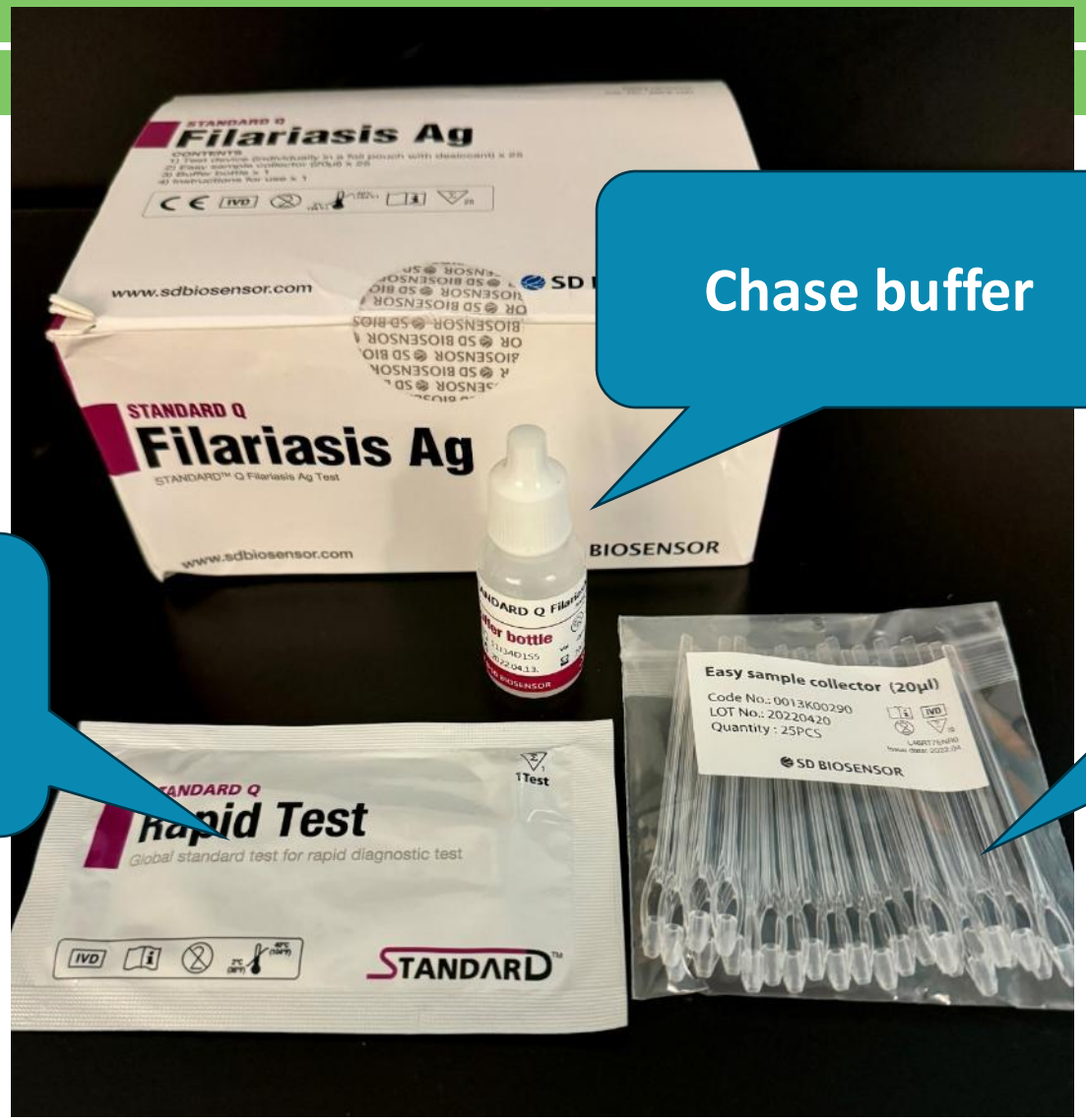
- Lateral flow rapid test used for the qualitative detection of *Wuchereria bancrofti* adult worm circulating filarial antigen (CFA)
- QFAT results are used to make program decisions (e.g. stopping mass drug administration)
- First and only test to be reviewed and endorsed by the WHO Expert Review Panel for Diagnostic Products for Neglected Tropical Diseases

QFAT storage and expiration date



- Kits should be stored at 2-40°C. Cassettes should NOT be frozen.
- Do not expose tests to direct sunlight
- Expiration date and kit lot number on outside of box
- QFAT kits are stable until the expiration date marked on the outer box when stored as specified. Kits should NOT be used past the expiration date. *Note: cassettes and buffer may have a different expiration date than the outer box, but it is the outer box expiration date that should be used.*

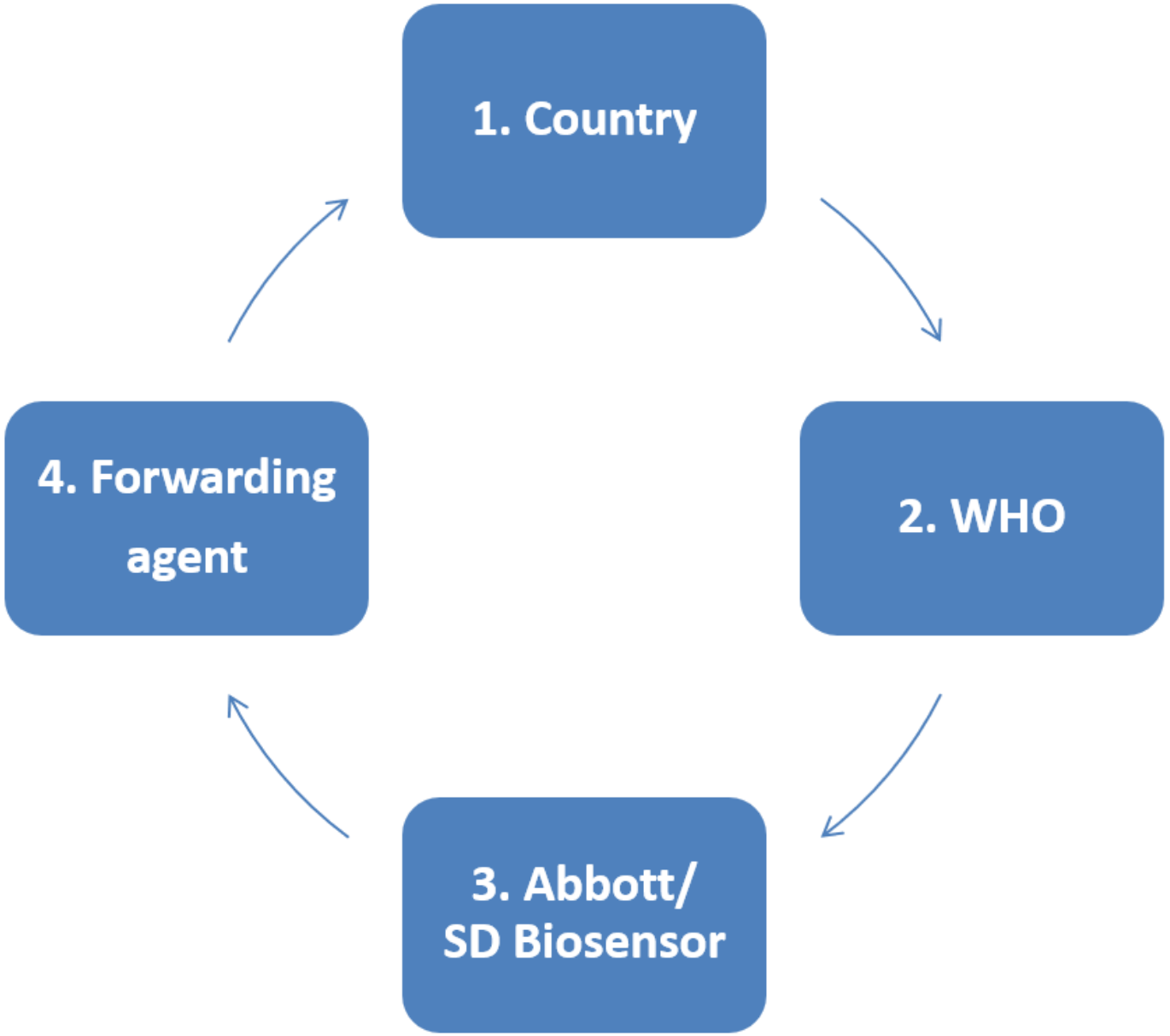
QFAT kit contents



FTS and QFAT comparison

	FTS	QFAT
Analyte	W. bancrofti antigen (Ag)	W. bancrofti Ag
Shelf-life	12 months	24 months
Time to result	10 minutes	10 minutes
Storage conditions	2-37°C; ideally 2-8°C	2-40°C
Specimen type	Whole blood/serum/plasma*	Whole blood/serum/plasma
Sample volume	75µl	20µl
Buffer included	No	Yes
Test format	Test strip only	Cassette
Quality control	Use positive control to test	Use positive control to test

*only heparin



Global Procurement Process

World Health Organization

Series of a series of steps required

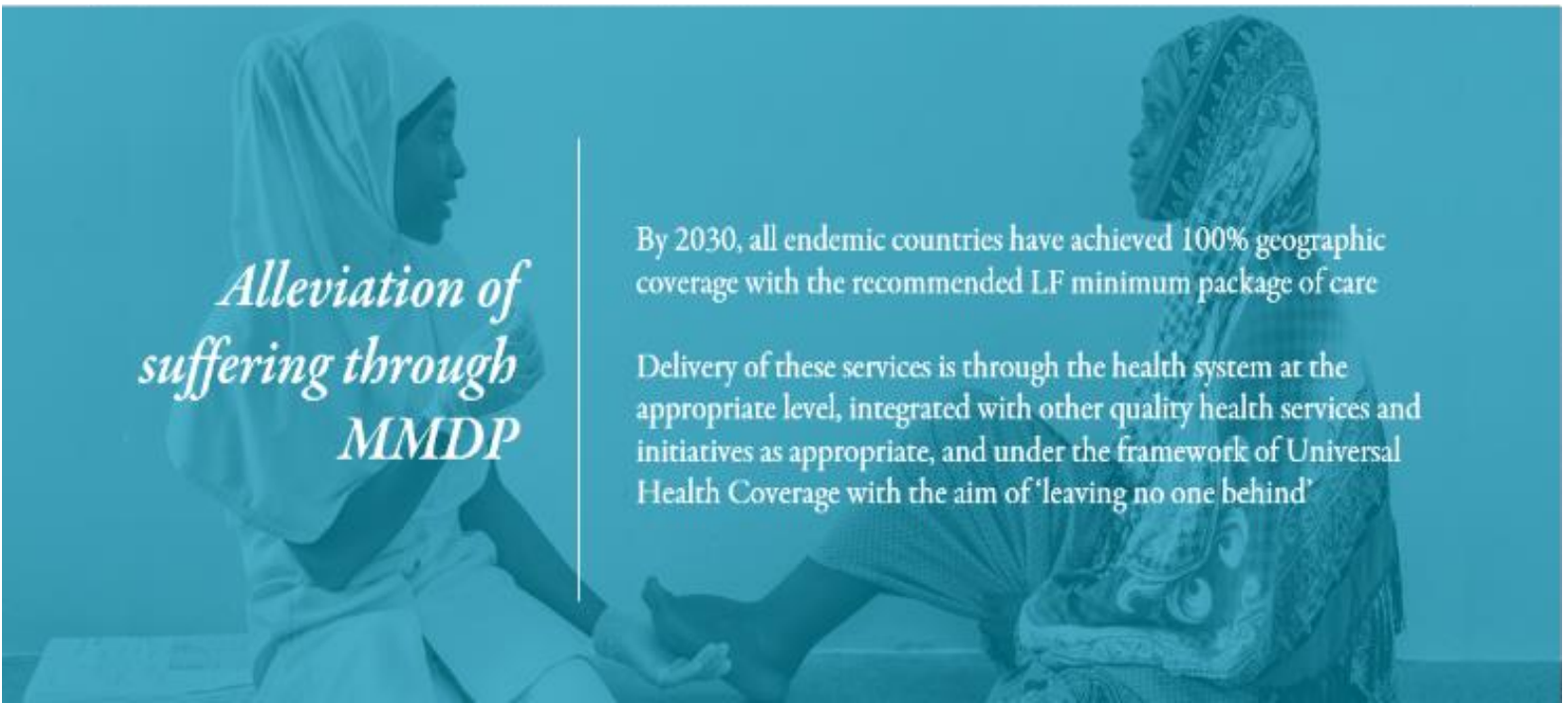
1. Country submits letter of request and plan through WHO country office
2. WHO HQ and Regional offices reviews request and approves
3. WHO HQ enters PO, consignee, date required in GSM
4. WHO GPL creates a PO contract for manufacturer
5. Manufacturer signs and returns contract;
6. Manufacturer takes many steps to produce, allocate, and pack kits, then provide commercial invoice, packing list, certificate of analysis
7. Manufacturer sends dossier to WHO Forwarding Agent
8. Country receiving policies require more steps here
9. WHO forwarding agent / WHO office clears product
10. Shipment arrives in country to consignee (has been WHO country office)

Main problems identified 2025/6

- DELAYS
  - Close of biennium – payment of 2025 invoices, raising of new POs
  - Getting available funds – award numbers to program budget
  - Delayed production (SDB produces upon order)
  - Delayed provision of greenlight
  - Last minute special receiving requests from countries
  - Change in consignee post delivery to forwarder
  - Letter of request sits or gets lost in the WHO 3-levels
  - Country regulatory approvals i.e. Nigeria

Despite challenges – we have successfully delivered.

- **>6 million tests to** 49 countries
- **Prioritized orders based on survey timing and need**
- **Maintained positive working relationships with countries, donors, partners and manufacturers**



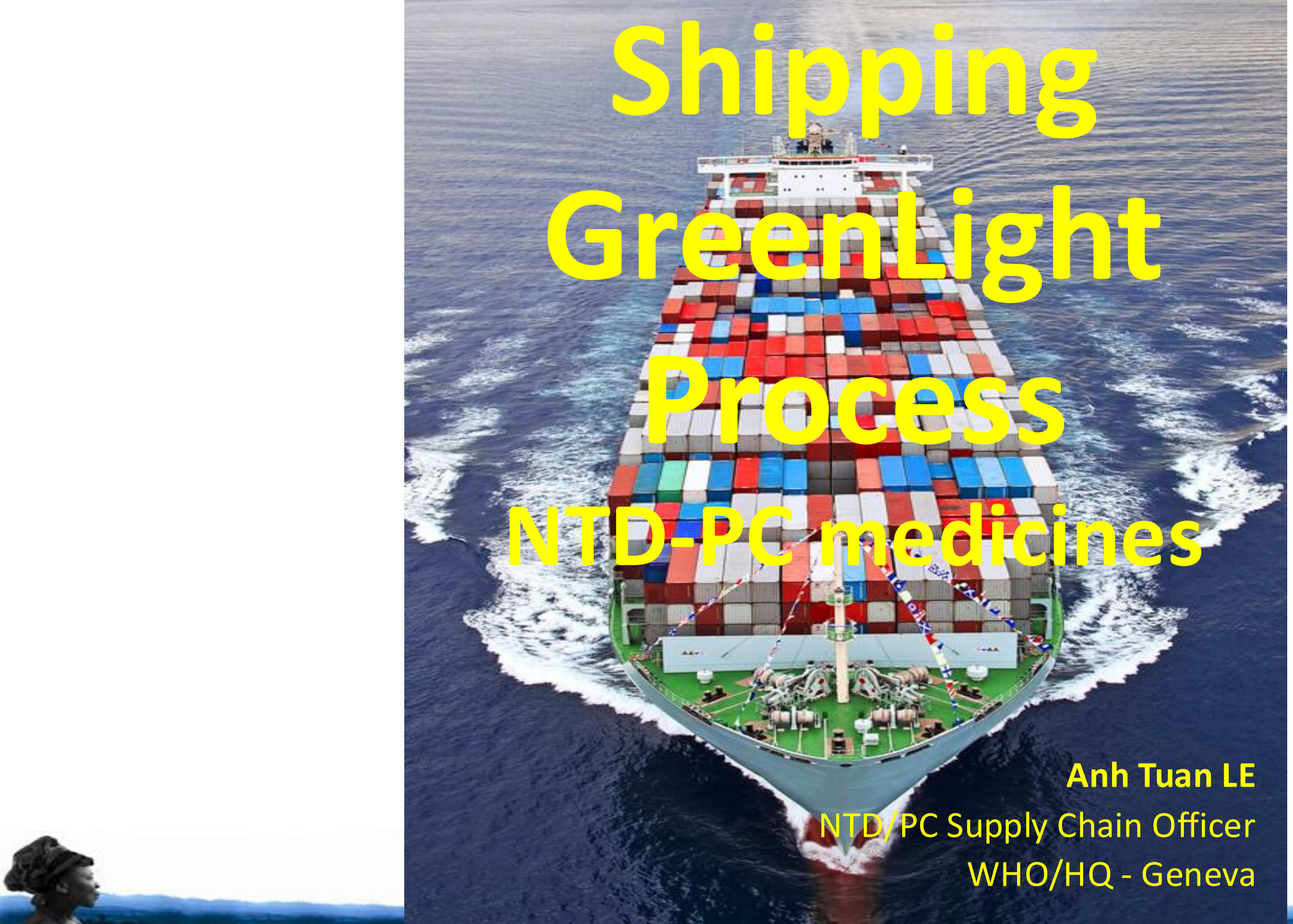
Thank you.
Please ask questions

Q&A

Greenlight Process: Import permit, Operational Implications

Shipping GreenLight Process

NTD-PC medicines



Anh Tuan LE
NTD/PC Supply Chain Officer
WHO/HQ - Geneva

World Health Organization

Contents

- **Shipping greenlight (GL)**
  - Definition
  - GL SoP for NTD-PC medicines
- **Challenges/Proposals**
- **Q & A**

What is a GL?

- A **“shipping greenlight”** usually means the **formal approval to proceed with shipping a product, order, or batch of goods**.
- In practice, it’s a “go-ahead” signal given after all required checks are completed.
- It can be
  - as simple/fast as an email from the Consignee
  - as complicated/lengthy as an import permit
- Its complexity not depend on the supplying qty, but on regulatory rule

A shipping greenlight is issued when:

- The product has passed **quality control (QC)** checks
- All **documentation** (invoice, packing list, CoA, LoD, customs papers) is complete
- Payment or credit terms are confirmed (not for NTD-PC donated medicines)
- Regulatory or compliance checks are cleared
- The warehouse is ready
- Recipient is prepared to utilize the goods (specifically for NTD-PC medicines)

World Health Organization

Shipping Document

- Start with a basic set of docs
  - Invoice, Packing List
  - Letter of Donation
  - CoA, CoO
  - GL checklist, etc

- Upon further request from the Consignee → the donor will provide additional papers (case by case) – because the customs rule may vary from year to year even in the same country.

GL checklist

Shipment Green Light Checklist		Responsible	Yes, No or N/R	Additional information on the response
A. Communication	Is the Customs Office aware of the shipment, including its quantity?	Consignee		
B. Customs Duty Waiver*	Will the customs clearance duty waiver be prepared before the consignment arrives (*donated medicines are required to enter the country free of any import duties or taxes*)?	Consignee		** Please include an estimated availability date for the required customs duty waiver(s)*:
C. Import Permit	Is an Import Permit available *(If an Import Permit is not required, respond "N/A" to this question)*?	Consignee		
D. Warehouse Space	Will the central medical store warehouse(s) have space available to receive the consignment & the labor to offload the containers upon arrival?	Consignee		
E. Distribution	Is the country prepared to distribute these donated medicines?	Consignee		
F. Others	Have all other requirements for receiving the donated shipment been met?	Consignee		

World Health Organization

Tax Exemption / Import Permit

- For **air-shipment**: Tax exemption/Import permit must be obtained BEFORE loading the goods.

- For **sea/road shipment**: Tax exemption/import permet might be obtained in parallel with the loading of the goods → A risk in which these docs may not be available when the goods arrive.

  Current circumstance: Donors NO LONGER take this risk → DHL will ONLY physically ship it out upon the availability of these docs.

Challenges / Consequences	Proposals
1. Lengthy process	1. Close monitoring • Pharma donor send GL request • Pharma donor send a reminder after 1 week • WHO/HQ-RO to follow up The bottom-line: Consignee should keep a regular contact with the donor/DHL (by a short email exchange) even when there is no update of its progress

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2. Unexpected demurrage charges	2. All concerned parties (Consignee, pharma donor/DHL, WHO) need to be fully aware of the GL progress, and come up with an informed decision/risk

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2. Unexpected demurrage charges	2. All concerned parties (Consignee, pharma donor/DHL, WHO) need to be fully aware of the GL progress, and come up with an informed decision/risk
3. "**Chicken & Egg" issue:** Master BL → GL approval WHILE MBL only available when DHL loads the goods into the ship	3. House Bill of Lading (like a draft BL) may be a solution

World Health Organization

Four (4) Challenging Examples

1. **The medicine is already packed (most of cases)**
   - **The lengthiest:** one country in Asia → 9 months
   - **Very lengthy, eventually given up:** one country in South America
2. **The medicine is NOT YET packed (rare cases)**

   Must figure it out before processing the PO & packing the medicines
   - Pending import permit: waiver (one country in Africa)
   - Not clear on all required docs and the recipient warehouse (one country in Africa). One pharma donor already gave up

An adjacent issue

The selection of the local clearing agent

- **DAP incoterm (ALB/MEB/PZQ)**
  - Pharma donor pays for this fee, so they are the one who selects the local clearing agent
  - WHO/HQ has no objection if WHO/CO or MoH chose their own local clearing agent, but WHO/CO-MoH must cover this cost
- **CIP incoterm (DEC)**
  - It is the consignee who must pay this bill

Q&A

Country exercise (Break out session)

Country Exercise

- As per the official request from the Ministry of Health of Wakanda and within the framework of the WHO-MERCK Praziquantel Donation Program, we are processing shipment 54,000 TABS PZQ tablets for the use of Schistosomiasis Control Program. The World Health Organization Office is the **consignee.**
- Please fill out the Green Light form and return it back to us.

Country Exercise

- Fill out the “Green Light” form on the board
- Identify 2-3 challenges with filling in greenlight form.
- What is the main bottleneck?
- Where are delays or difficulties in completing the form/process?

Shipment Green Light Checklist:

Criteria		Responsible	Yes, No or N/A	Additional Information / Comments
A. Communication	Is the customs office awaire of the shipment, including its quantity?	Consignee		
B. Customs Duty Waiver *	Will the customs clearance duty waiver be prepared before the consignment arrives (donated in medicines are required to enter the country free of any import duties or taxes?	Consignee		** Please indicate the date on which the required customs duty waiver was obtained and attach a copy.* Customs duty exemption waiver must be obtained before the goods are loaded for shipment .
C. Import Permit *	Is an import permit available (if an import permit is not required, please respond N/A to this question)?	Consignee		** Please indicate the date on which the required import permit was obtained and attach a copy.*
D. Warehouse Space	Will the central medical store warehouse(s) have space available to receive the consignment & the labor to offload the containers upon arrival?	Consignee		
E. Distribution	Is the country prepared to distribute these donated medicines?	Consignee		
F. Others	Have all other requirements for receiving the donated shipment been met?	Consignee		

Abréviations :

N/A = **Not Applicable (This checklist item does not apply to this shipment)**

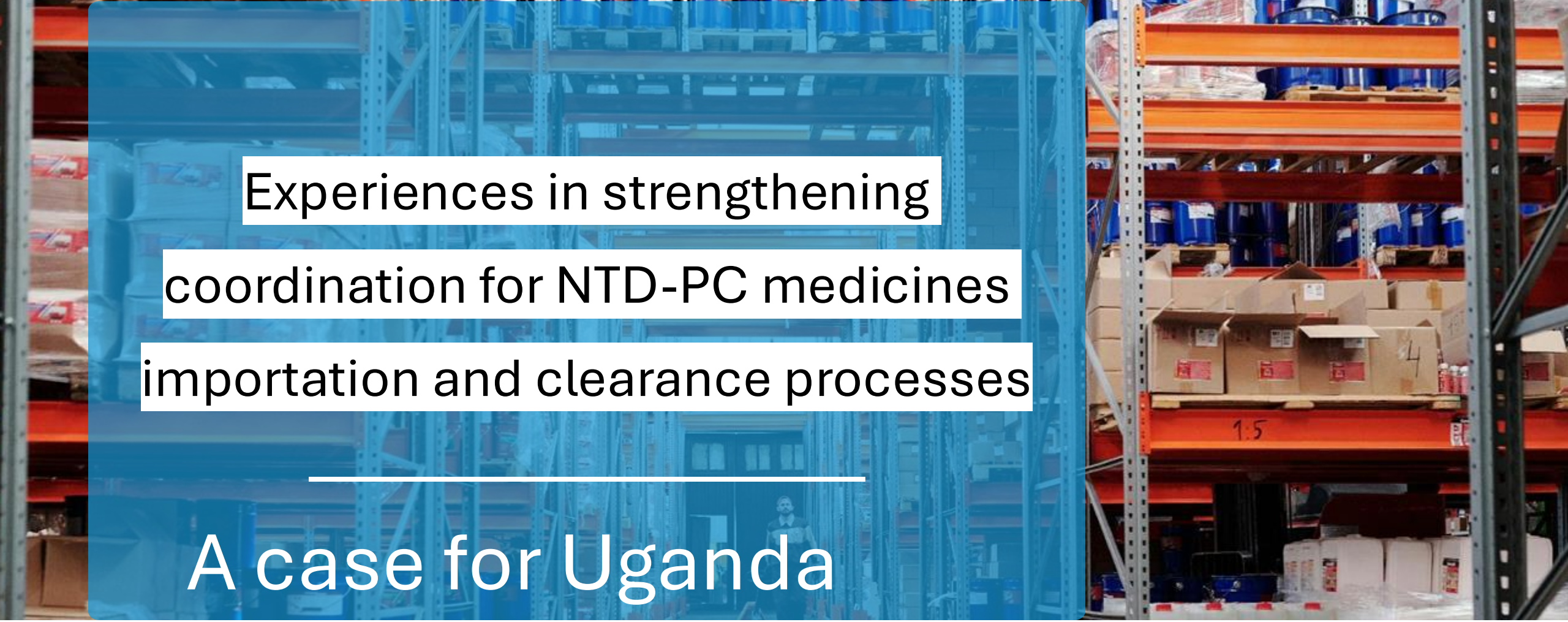

THANK YOU

Country Feedback Presentations

World Health Organization
African Region

EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

Strengthening Coordination for Medicine Importation and Clearance



Experiences in strengthening coordination for NTD-PC medicines importation and clearance processes

A case for Uganda

Presented by: Dr. Aguma Daniel & Benjamin Tinkitina

World Health Organization
African Region

ESPEN
EXPANDED SPECIAL PROJECT FOR ELIMINATION OF NEGLECTED TROPICAL DISEASES

World Health Organization
African Region

Introduction

In Uganda, the management of Neglected Tropical Disease (NTD) medicines involves complex coordination across multiple national and international stakeholders. Ensuring the timely availability of Preventive Chemotherapy (PC) medicines requires navigating stringent Green Light (GL) approvals, import permit issuances, and customs clearance processes.

Annually, Uganda receives approximately 3 million,11 million and 24 million tablets of Ivermectin (IVM), Praziquantel (PZQ) and Mebendazole (MEB), respectively.

Challenges in importation and clearance

The supply chain for donated NTD medicines faces several structural and procedural hurdles that can delay medicine delivery and impact Mass Drug Administration (MDA) schedules.

1. **Green Light Submission and Approval Delays:**

- **Checklist Dependency:** Shipments are frequently held at the point of origin because the required NTD PC Green Checklist has not been completed or submitted by the consignee.
- **Documentation Burdens:** The Green Light process requires a comprehensive set of documents, including Invoices, Packing Lists, Donation Letters, Certificates of Analysis (CoA), and Draft Air Waybills (AWB).
- **Communication Gaps:** Delays often occur when reminders from donors (e.g., J&J GPH Supply) are not promptly addressed by the relevant program managers.

Challenges in importation and clearance

2. Import Permit and Regulatory Constraints

- **Extended Lead Times:** The issuance of National Drug Authority (NDA) Verification Certificates (VC) can range from **2 to 21 days**.
- **Complex Internal Workflows:** The process involves multiple steps including submission to the Ministry of Health (MoH), query resolution, payment validation, and internal NDA processing.
- **Ministry Approvals:** Prior to NDA clearance, Ministry of Foreign Affairs (MoFA) approval typically requires an additional **3 to 5 days**.

Challenges in importation and clearance

3. Customs and Port Clearance

- **Transit Durations:** Transport and customs clearance from Mombasa or Malaba to Kampala/Entebbe often takes **10 to 15 days**.
- **Verification Procedures:** Challenges include managing technical declarations and physical verifications required by the NDA and the Uganda National Bureau of Standards (UNBS).
- **NMS Receipt:** Following clearance, delivery and receipt at National Medical Stores (NMS) can take another **3 to 10 days**.

Mechanisms established to address these challenges

1. **Integrated Approach for Approvals**

To bypass communication bottlenecks, Uganda has adopted a strategy of completing critical paperwork during collaborative workshops or meetings.

- **Side-line Completion:** Green Light checklists for specific shipments (e.g., Vermox/Mebendazole) are now often reviewed and completed during SCM TWG workshops to ensure immediate submission.
- **Capacity Building:** Regular induction workshops for members of the NTD SCM TWG ensure new staff are oriented on the specific requirements for customs clearance and Green Light processes.

2. Establishment of the NTD SCM Expert Committee

Uganda has institutionalized a dedicated **NTD Supply Chain Management Expert Committee (NTD SCM EC)**.

- **Stakeholder Alignment:** The committee brings together technical experts to oversee the entire importation lifecycle, ensuring that import permits and Green Light requests are prioritized.
- **Defined Roles:** Formal Terms of Reference (TORs) were developed for the Committee to clarify responsibilities regarding JAP preparation, green light and customs clearance of NTD-PC Medicines
- The Committee has a whatsapp group for easy and convenient communication, but also for proper coordination.

Induction of members of the Expert Committee

Mechanisms established to address these challenges

3. Advocate and use of enhanced Coordination Mechanisms

Strategy	Implementation Detail	Benefit
Pre-alert Systems	Issuing notifications at least 10 days before arrival.	Allows for earlier booking and carrier notification.
Program Manager Looping	Explicitly copying Program Managers and Data Managers on all donor Grant Line requests.	Reduces "on hold" time by ensuring the right technical staff provide necessary data.
Centralized Tracking	Using platforms to track NDA VC issuance and MoFA approvals	Identifies bottlenecks in the 2-21 day verification window.

Results and benefits achieved

- **Reduced Operational Delays:** Moving from reactive to proactive communication reduces the frequency of shipments placed on "hold" due to incomplete paperwork.
- **Faster Logistics and Warehouse Receipt.** Pre-arrival notification of the Program Managers allows them timely request for storage space at the national warehouse avoiding risk of demurrage costs. Receipt an NMS takes 3-10 days
- **Improved Regulatory Oversight:** Tracking of regulatory approvals through a centralized platform allows the team to identify and resolve specific bottlenecks within the regulatory verification window. Verification now takes 2-10 days.
- **Enhance stakeholder collaboration.** By establishing a dedicated NTD SCM Expert Committee has eliminated accountability gaps and ensured that necessary technical expertise is available for task execution
- **Improved Program Outcomes.** Uganda is now able to conduct MDA in time, with reduced wastages and better accountability of medicines

Key lessons learned and recommendations for other countries

- **Formation of an NTD SCM TWG** to steward JAP and PC Medicines importation issues reduces bottlenecks in these processes
- **Clear definition of roles and responsibilities** of the TWG avoids accountability gaps
- **Use of collaborative workshops or meetings** to batch-process green light and regulatory paperwork hastens approval processes
- **Increasing transparency** by including all relevant data managers in donor communications to reduce "on hold" status.
- **Use of alternative communication channels** e.g. whatsapp increases response time to emails and any other issues.


THANK YOU

Action planning (Group work)

Country Action Plan on Green Light Filling

Challenges with filling in greenlight form	Root cause	Realistic Solutions	Responsible person(s) (Person(s) completing the task)	Accountable person(s)	People who need to be informed

Country Action Plan on Green Light Filling

Challenges with filling in greenlight form	Root cause	Realistic Solutions	Responsible person(s) (Person(s) completing the task)	Accountable person(s)	People who need to be informed

The Country's Consignee:


THANK YOU

Presentation of action plan

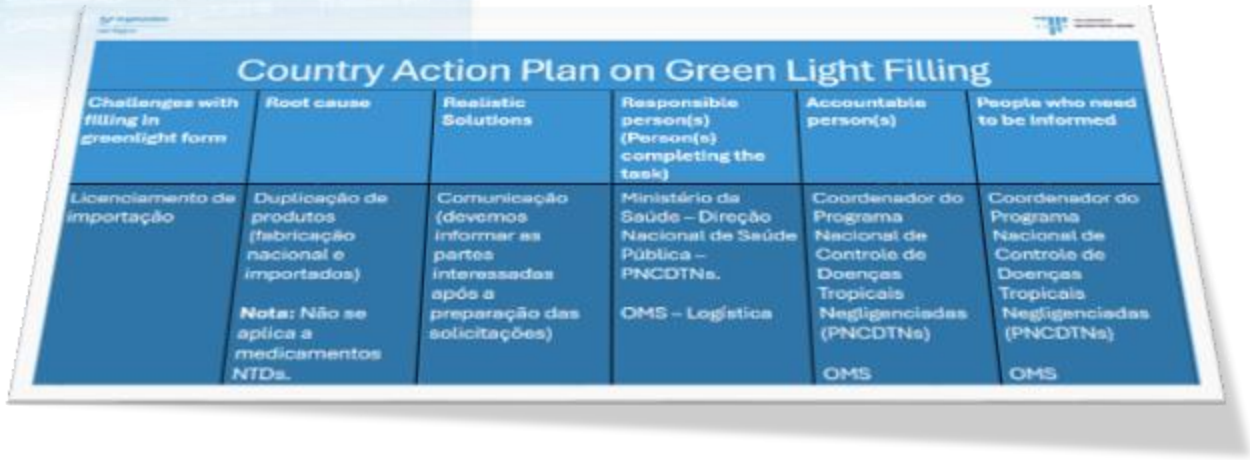
Country Feedback Samples

Plan d'action Pays sur Remplissage du Feu Vert

Défis identifiés	Cause Racine	Solutions Réalistes	Personne(s) Responsable(s) (Personne qui effectue la tache)	Superviseur (Responsable devant l'autorité supérieure)	Personnes à informer
Délai d'émission de l'attestation d'exonération	Multiplicité validation administratives Aff Etrangères MF MS	Simplifier la procédure avec l'existence d'un arrêté exonération et Anticiper les demandes	Coordinateur du programme MTN OMS	DAMPS / MS	MAE, MF, Douanes, MS
Faible Coordination entre les acteurs	Absence de mécanisme formel de coordination et de suivi	Designer un Point Focal feu vert MS/OMS	Coordinateur MTN OMS DAMPS	DAMPS /MS	Douanes, MTN
Salle (Espace) stockage dédiée aux MTN inexistant	Insuffisance d'infrastructure de stockage	Mettre à la disposition des Programmes un espace de stockage	Coordinateur du programme MTN	Le Directeur de DMPLM	Le directeur de la CAMEC / PEV OMS

Country Action Plan on Green Light Filling

Challenges with filling in greenlight form	Root cause	Realistic Solutions	Responsible person(s) (Person(s) completing the task)	Accountable person(s)	People who need to be informed
Lack of coordination and clarity on who complètes the greenlight checklist	Some countries lack SOPs and those that have dont adhere to the SOP	Develop and adhere to the laid down SOPs	MoH –NTD program and partners	Operations WHO country office	Customs, Warehouse manager, Country revenue authority and pharma regulatory authority
Form does not have signatories no accountability	Absence of a documented approval and sign-off	Revise the form to include mandatory signatory fields.	ESPEN	Operations at ESPEN	Country programs

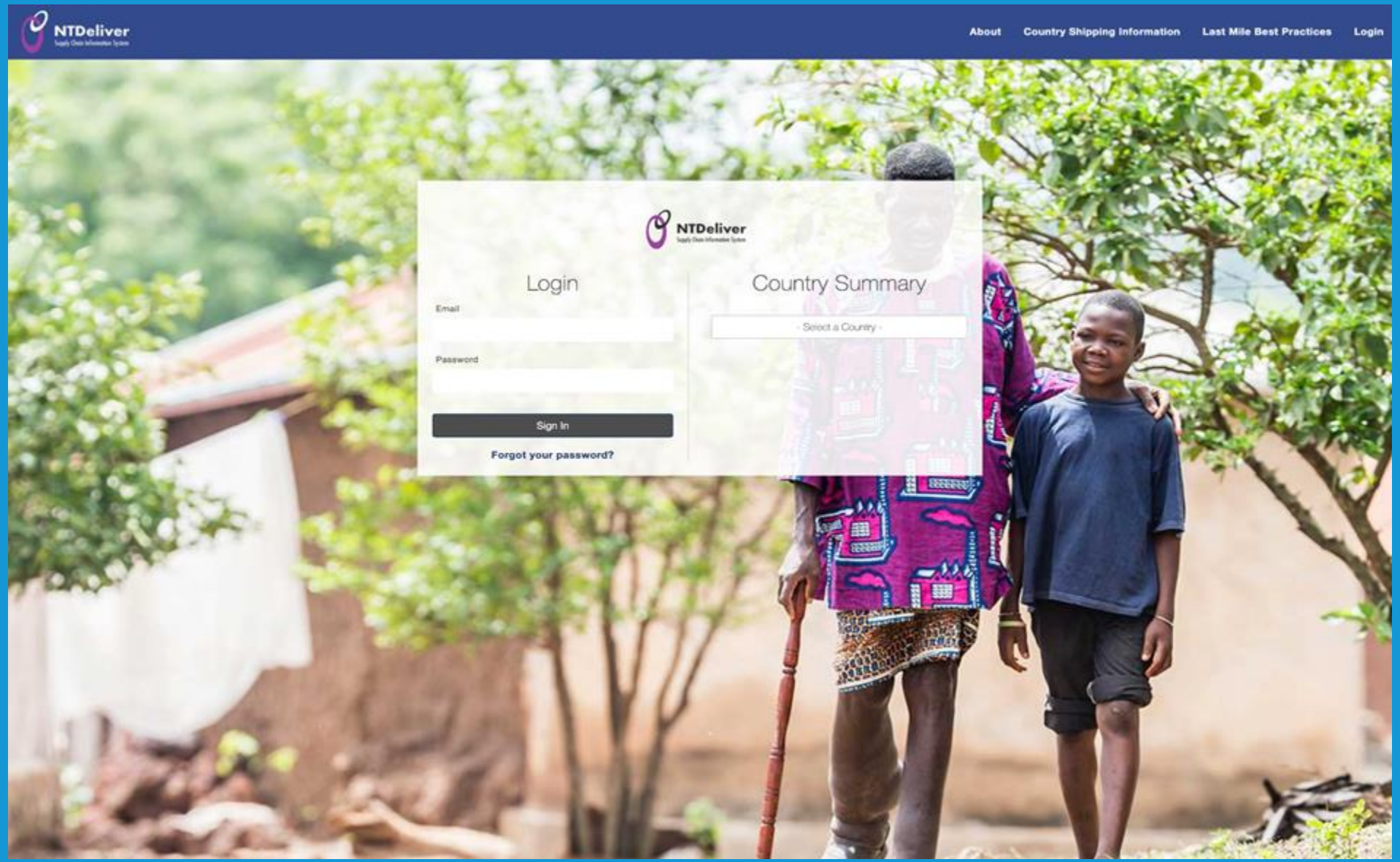


Country Action Plan on Green Light Filling

Challenges with filling in greenlight form	Root cause	Realistic Solutions	Responsible person(s) (Person(s) completing the task)	Accountable person(s)	People who need to be informed
Licenciamento de importação	Duplicação de produtos (fabricação nacional e importados) **Nota:** Não se aplica a medicamentos NTDs.	Comunicação (devemos informar as partes interessadas após a preparação das solicitações)	Ministério da Saúde – Direção Nacional de Saúde Pública – PNCDTNs. OMS – Logística	Coordenador do Programa Nacional de Controle de Doenças Tropicais Negligenciadas (PNCDTNs) OMS	Coordenador do Programa Nacional de Controle de Doenças Tropicais Negligenciadas (PNCDTNs) OMS

NTDeliver log in help desk

COUNTRIES TO CONFIRM LOG IN ACCESS



Link: NTDeliver


THANK YOU