

# QUESTIONS TO CONSIDER

## To maintain routine supply of public health commodities and support **COVID-19** response

The COVID-19 pandemic has the potential to disrupt public health supply chains in countries worldwide. However, its impact will vary from country to country. To help ensure continuity of supply for all public health commodities while also supporting COVID-19 response, review this series of questions – by functional area – that highlight factors to consider. As the experts in your country, you are best placed to understand the context, risks, potential and activities needed to ensure success.

For more guidance and support for supply chain response to the COVID-19 pandemic, contact [PSMHSSOperations@ghsc-psm.org](mailto:PSMHSSOperations@ghsc-psm.org)

### FORECASTING AND SUPPLY PLANNING

- What resources will be required to update forecasts and supply plans for public health commodities, taking into consideration factors such as potential for reduced space in warehouses as they support COVID-19 response?
  - How can we ensure that those resources aren't unnecessarily diverted to address the COVID-19 response?
  - How can we ensure that forecasting, monitoring and supply planning for other public health commodities continue?
- What resources will we need to forecast for COVID-19?
- Will funds dedicated to current public health commodities be diverted to address the needs arising from COVID-19?
  - How can we fill the gap or advocate that this doesn't happen?
- Will/should we move rapidly to multi-month scripting and dispensing (MMSD) for some commodities that require long-term adherence (such as ARVs and family planning methods) to reduce patient visits to clinics and pharmacies (reducing the risk of COVID-19 transmission) and/or make space available space in warehouses?
  - How many months of commodities will patients receive for each products type?
  - How will the MMSD policy impact supplies along the various points of the supply chain from central to facility level?

### WAREHOUSING

- What is the anticipated volume of commodities that will be ordered to address the COVID-19 outbreak (cold chain and ambient temperature)?
- Will/should the max and min levels of other essential commodities be adapted to provide space for COVID-19 commodities?
- Will supplemental warehouse and storage space be required?
  - Private-sector warehousing?
  - Containers?
  - District or regional warehouses?
  - Warehousing and storage managed by/for local NGOs or social marketing organizations?
- Will supplemental warehousing and storage meet regulatory requirements to store commodities?
  - Can commodities that don't require pharma-grade warehousing be moved to other storage?
- Are resources available to rent additional space?

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## DISTRIBUTION

- What is the capacity of the distribution fleet (cold chain and temperature controlled and other)?
  - What is an optimal distribution plan to meet the needs of COVID-19 while maintaining routine delivery?
- Will COVID-19 commodities be integrated into the routine supply chain or will parallel operations established for COVID-19 response?
- What is the availability for surge capacity within the private sector?
- Is last-mile delivery handled by the central medical store or by local government/facilities?
  - What is the capacity at that level and how will it be impacted?

## FACILITY-LEVEL COMMODITY STORAGE, MANAGEMENT AND REPORTING

- Are routine protocols for other health issues changing to decongest facilities and reduce chances for transmission of COVID-19 (clinical and laboratory services)?
- How will the human resources at health facilities be affected by diversion to support COVID-19 response?
- How can we ensure healthcare providers' safety?
  - How will the new policies impact routine services, and how can we fill the gap to ensure that routine health services aren't unduly impacted?
- What type of storage facilities are available to protect quantity and quality of commodities at point of service or nearby?
  - Are private-sector storage facilities available to rent?
  - Can private-sector hospitals provide temporary surge support for storage?
  - Are district stores an option to store commodities closer to facilities but still in a secure environment?
- If commodities are stored at secondary facilities, what resources are available to regularly replenish supplies at health facilities?
  - How will the collection of commodities from secondary facilities be handled and recorded to minimize loss?

- How can we ensure that the routine collection of data on commodities is maintained during the increased workload due to COVID-19 response?
  - Are there things we can do to temporarily simplify the reporting system while maintaining the flow of consumption data and ensuring accountability of commodities?

## LABORATORY NETWORKS

- How will routine laboratory services be maintained while also supporting testing for COVID-19?
- What reagents, consumables or training will be required to ensure continued operations?
- What current laboratory services can be put on hold during the COVID-19 response?

## OTHER FACTORS TO CONSIDER IN ESTABLISHING POLICIES SUPPORTING COVID-19 RESPONSE

- How will changes in protocol be communicated to ensure that staff quickly and easily access updates or associated guidance and training?

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