

ACTIONS TO TAKE NOW TO ENSURE ROUTINE SUPPLIES ARE AVAILABLE COVID-19 RESPONSE RECOMMENDATIONS

The risks of severe public health consequences continue to rise with the spread of COVID-19. Swift action is needed for countries to properly secure their supply chains and curb long-term impact. As resources like fuel, access to vehicles, and healthy staff become scarcer, health systems' abilities to provide routine health care will be ever more challenged. Vigilance is critical to securing business operations in affected regions.

Supply chain managers' immediate primary action should be to move available stock from the central warehouse to as close to the last mile as possible, i.e., to the service delivery points (SDPs) that serve patients directly, by leveraging existing supply chain resources.

Supply chains reliant upon the movement of sea freight and air cargo are likely to be significantly impacted, specifically due to elimination or disruption of vessels and flights. Land borders between nations can be closed and reopened, only to be closed again. COVID-19 will have a marked impact on supply chains in Africa and throughout the world.

Countries will soon face pressure to receive additional or potentially "excess" commodities to avoid the potential future supply chain disruptions due to inbound transport delays. Each health issue should be taken seriously and immediately explored.

As more countries and companies restrict travel to and from affected areas, global health experts and other essential personnel will find it increasingly difficult to reach the hardest hit areas. Additionally, medical supplies necessary for health workers to perform their duties safely will become more and more limited.

Distribution should include all items routinely delivered to SDPs, recognizing that the demand for supplies for HIV/AIDS and malaria prevention, diagnosis and treatment; family planning; essential medicines; and maternal, neonatal, and childhood diseases will continue despite the crisis. When distribution of HIV/AIDS, malaria or family planning program commodities occurs, include package of maternal and child health commodities.

If the governments of the affected nations fail to slow the rate of transmission, more drastic measures will likely be taken to quarantine the virus, thereby increasing the likelihood and severity of disruptions to the supply chain and potential cessation of customs clearance activities.

Start with your supply chain people: The welfare of employees is paramount and people are a critical resource. If people don't feel safe then they can't do the work, which will limit the ability of the supply chain to respond to increasing challenges and new variables. Below are key steps that can take be taken:

Re-think current work processes to mitigate risk of exposure and transmission.

Update SOPs for all touchpoints in the supply chain to reduce potential for exposure. These can include directives such as wear gloves, establish hand-washing protocols, change how goods are physically exchanged, and establish well-defined "social-distancing" practices. Communicate clearly to staff and partner organizations about these changes.

Provide PPE equipment to protect staff (gloves, masks) and hand-washing stations.

Communicate regularly with staff and partner organizations on changes in your supply chain strategy to reduce risk of exposure and respond to this changing environment.

Manage staff workload. Tired staff will make mistakes and increase risk, errors and hazards (not just from COVID-19).

Your staff is your most critical resource. Focus on keeping them safe so they can run the supply chain.

SOURCE: <https://hbr.org/2020/02/prepare-your-supply-chain-for-coronavirus>

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The USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project recommends that central warehouse managers consider distributing 80 percent of all routinely distributed products to SDPs and other non-central levels, reserving 20 percent of the stock as a buffer. Intermediate levels (e.g., regional or provincial stores), should follow the same distribution mix to the level below it. This should result in increasing space at warehouses for receipt of potential incoming items—especially, in the case of COVID-19, personal protective equipment such as gloves and masks—as well as additional stock of routine items as suppliers attempt to import shipments before airport and

seaport traffic is reduced or shut off.

The speed of pre-positioning stock to the SDPs may be driven by the perceived seriousness of the spread of the crisis, but as we have learned from other country examples, it is not too early to begin the process:

- 1. Most serious:** Don't wait for the next routine order distribution cycle, allocate or push stock from the central warehouse by dividing the available stock by the number of facilities served, weighted by population.
- 2. Very serious:** If you normally deliver on a bi-monthly or quarterly cycle, do not wait for orders to come in. Deliver at least monthly. Process any current orders. For any facilities that have not ordered, use data from the facility's previous order. **Provide enough supplies so that facilities will have enough stock for at least 3 months before they are re-ordered.**
- 3. Serious:** If you normally deliver on a monthly cycle, during the next routine ordering cycle, allocate an additional quantity of stock to ensure that supplies can last at least 3 months before they are re-ordered.

Facilities at all levels should be prepared to hold higher-than-normal levels of stock during the crisis period and recognize that the next routine replenishment may be delayed. Stock managers should also ensure that medicines are stored adequately. Key to this effort will be de-junking warehouses so that expired or damaged medicines are not taking up critical space where good medicines should be stored.

This product availability will allow clinicians to proactively dispense multiple months of products to patients for long-term illnesses or for prescriptions that require refills (e.g. HIV or family planning). This will allow patients to reduce the number of visits to facilities and thus protect them from potential exposure to the virus.

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