



Global Health
Supply Chain Summit

[ABSTRACT #18]

[TRACK #8]

[NOVEMBER 30]

2022

Dakar,
Senegal



Introduction

Restoring health supply chain in conflict-affected health facilities through a holistic conventional and emergency supply chain intervention

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November 2022



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Background

The goal of **USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM)** in Ethiopia is to ensure uninterrupted supply of high-quality HIV, TB, malaria, FP/RH, and MCH commodities to prevent suffering, save lives, and create bright futures for families across the country



01

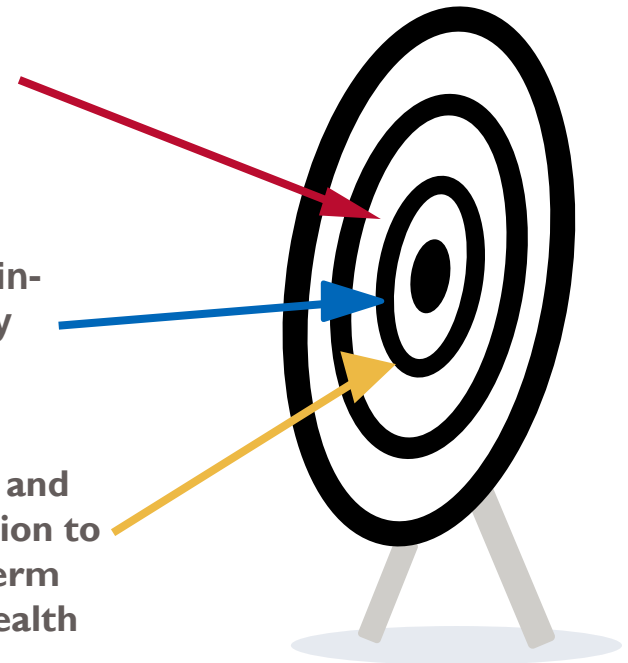
Improved availability of health commodities

02

Strengthened in-country supply chain system

03

Effective global and local collaboration to improve long-term availability of health commodities





Context and motivation: Why holistic emergency supply chain interventions?

- In the past two years, Ethiopia has suffered from conflict that caused
 - massive internal displacement
 - disruption of health service delivery
 - loss of lives



Implementation Approach

GHSC-PSM worked with

- Afar and Amhara regional health bureaus (RHBs)
- Ethiopian Pharmaceutical Supply Service (EPSS) hubs

...to establish an emergency supply chain (ESC) system, and restore the conventional supply chain **for 501 conflict-affected health facilities (HFs)**, including Dessie Hub, using the Ethiopian customized ESC Playbook

- Support Amhara and Afar RHBs to establish regional ESC response coordination platform with clear roles, responsibilities & action plan
- Provide support to Amhara and Afar RHBs to assess post-conflict situation
- Support regional and subnational coordination on supply chain emergency response
- Determine facility commodity needs for two-months of starter stock (Amhara and Afar) and monitor stock status in Tigray
- Restore Dessie warehousing and distribution activities
- Conduct site-level support to restore supply chain systems (IPLS, PMIS, APTS)
- Provide orientation on ESC response, IPLS, PMIS and APTS

Results (I)

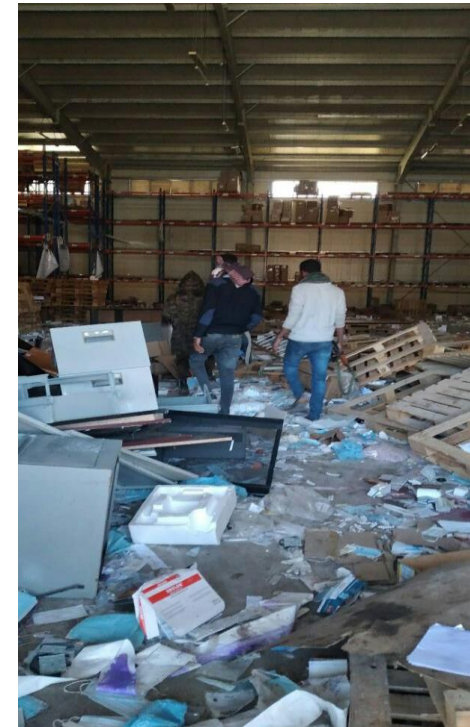
- Established HSCM emergency response taskforce in Afar and Amhara RHBs and developed response plan
- Conducted orientation for 246 staff on emergency supply chain response
- Conducted supply chain post-conflict assessments in Afar & Amhara regions in 21 and 41 facilities, respectively, in Jan 2022 including Dessie hub



Annex: Amhara Regional Health Bureau Emergency Supply Chain Post Conflict Response Plan Template																
Thematic Areas	Activity Descriptions	Target	Deliverables	Responsible	Dec-21				Jan-22				22-Feb			
					W K1	W K2	W K3	W K4	W K1	W K2	W K3	W K4	W K1	W K2	W K3	W K4
I. Governance	Prepare and present ESC plan to EOC/IMS to create consensus on logistics related responses	I	ESC Plan	ESC Lead	X											
	Identify the key stakeholders from the ESC support network to involve in the response	I	Stakeholders map	ESC Lead	X											
	Establish liaisons mechanisms with the relevant focal points from the ESC support network in all woredas	82	Woreda level ESC response team	ESC Lead	X	X										

Results (2)

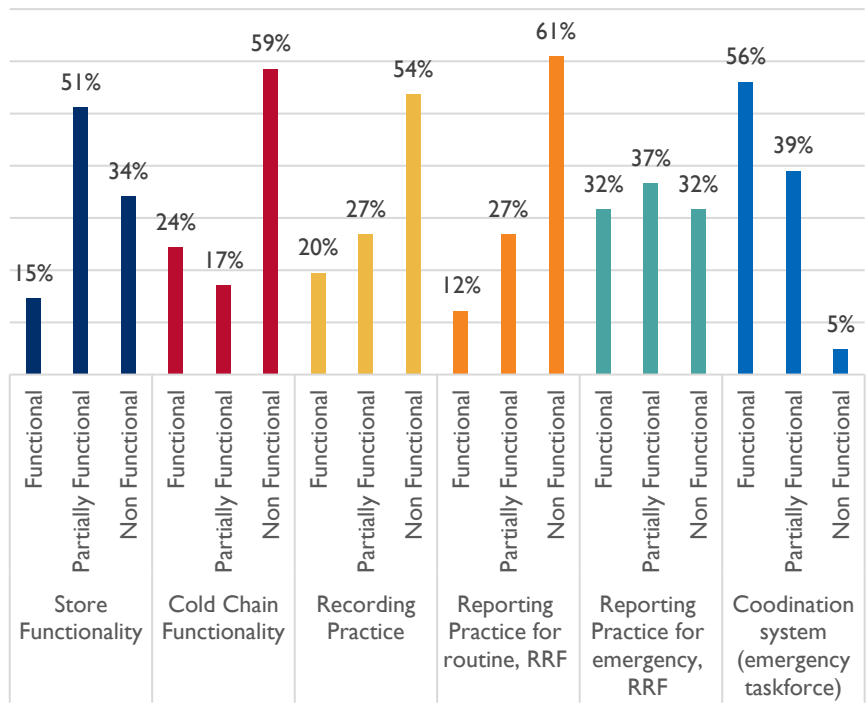
- Assessed post-conflict situation of EPSS Dessie hub and HFs in Amhara and Afar:
 - Forklift looted and damaged - 70% of the **storage space** became inaccessible
 - Records and data damaged - challenge to **forecast** demand for hub catchment and refill
 - Generator and cold room looted and damaged - unable to store and distribute **cold chain products**
- Dessie hub catchment-product need determined based on recent six-month historical consumption data
- Dessie hub catchment HFs re-mapped and linked to nearby EPSS hubs (Bahir Dar, Gondar and AA#2 hubs) as an interim gap-filling approach
- Starter stock for two month-consumption for all health program commodities delivered to all 461 accessible HFs



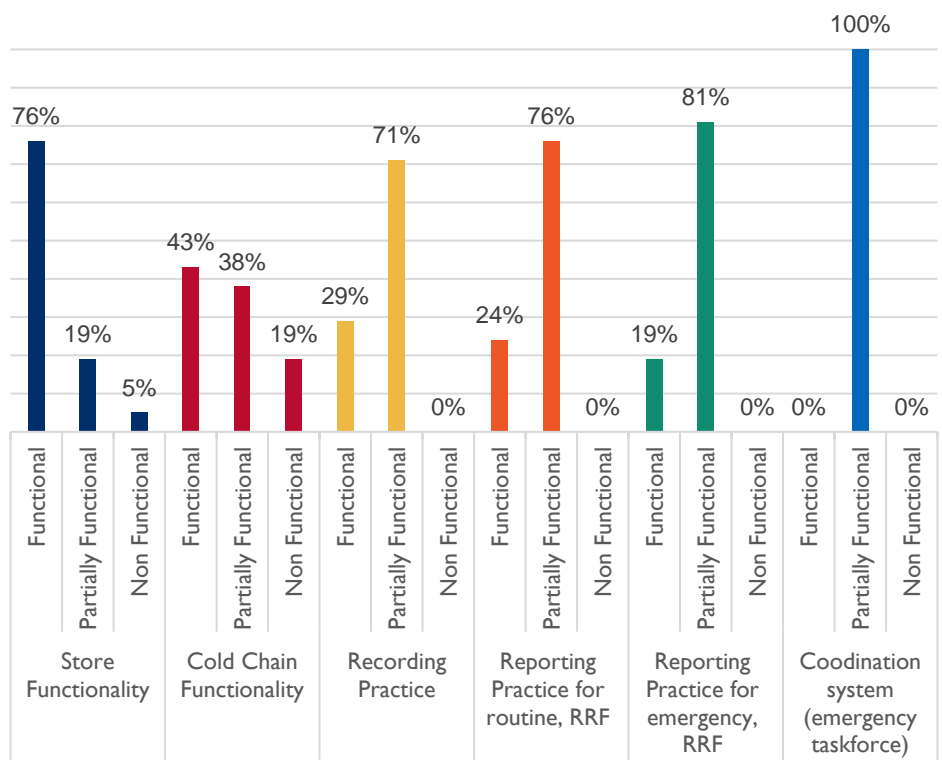
Results (3)

Post-conflict assessment findings @ HFs: Amhara (N=41) and Afar (N=21)

Functionality Status of the Logistics System Infrastructure and System, Amhara, January, 2021

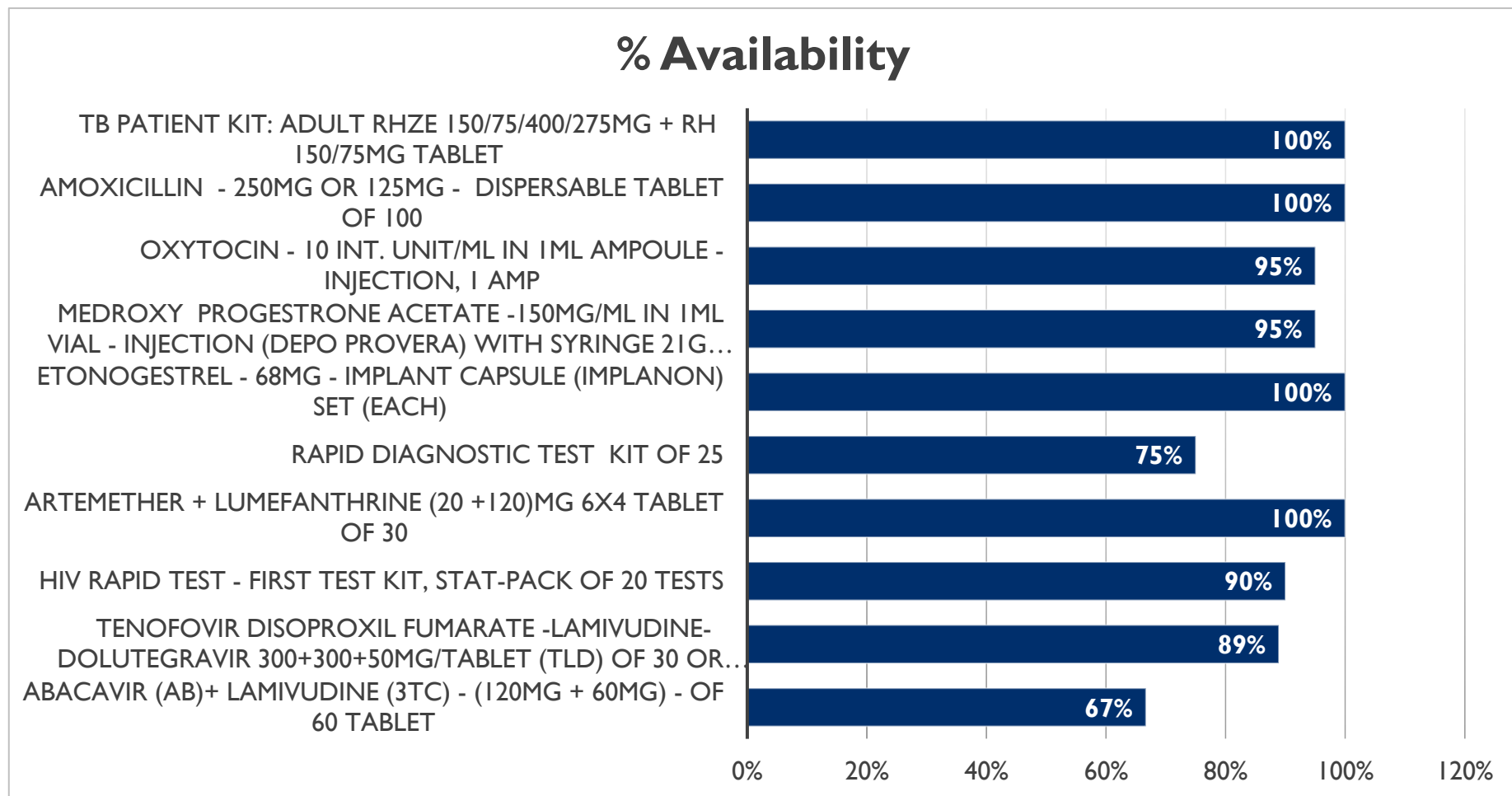


Functionality Status of the Logistics System Infrastructure and System, Afar, January 2021



Results (4)

Tracer drugs availability at 95 supervised health facilities in April 2022 in Afar and Amhara regions



Results (5)

#	Performance Indicators	Key Achievement (January-April 2022)		Remark
		FY22 Target	Results Apr 2022	
1	Health facilities (HFs) supplied with starter stock	100%	91%	461 out of 504 HFs received starter stock. 43 HFs are inaccessible.
2	HFs that submit LMIS report to EPSS hubs	90%	84%	424 HFs sent RRF report.
3	HFs that revitalized the PMIS	90%	64.6%	Of 48 PMIS sites, reoccupied, 31 reported.
4	HFs in conflict affected areas that revitalized the APTS	90%	77%	Of 26 APTS implementing sites, 20 started the system.
5	HFs covered by supply chain restoration assessment	60	62	21 Afar and 41 Amhara
6	HFs that received Bin card, RRF and IFRR from GHSC-PSM supported HFs	461	100%	Manual and excel-based RRF formats distributed to all accessible sites.

Challenges and Lessons

Challenges

- No budget for the procurement of essential medicines such as antibiotics, emergency kits, nutrition products in Amhara and Afar regions
- The damage to Dessie hub was substantial, needed huge amount of resources
- Coordination was difficult with large number of stakeholders involved and rampant duplication of efforts
- Technical assistance alone couldn't fulfil expectation of the affected HFs: restoration of the infrastructure and systems needed major resources

Lessons

- Availability of legacy consumption data at upstream supply chain system enables staff to take immediate action for supplying the right product with best possible quantity estimation during such crisis
- Stakeholder coordination platforms from top, down to the community expedite resource leveraging and system revitalization
- More flexibility, priority and responsiveness to region-specific demands
- The crisis on the ground affected morale of the workforce and engagement in the restoration process improves their motivation to fully re-initiate services

Conclusions

- The ESC response enabled recovery of the routine supply chain at EPSS Dessie hub, restored the reporting and requisition system, access to health program commodities, and significantly improved availability of HIV, malaria, FP/RH, MNCH, and TB commodities in conflict affected HFs.
- Despite these, the health supply chain infrastructure and system have yet to be fully restored.
- There are still critical areas that require improvement such as restoration of
 - store and dispensary premises,
 - cold chain facilities,
 - equipping stores and dispensaries with standard shelves, counters and computers.

Recommendations

- Commodities consumption legacy data should be properly and securely stored at different levels of the supply chain echelon to use for any emergency response
- ESC-initiated activities should be maintained and institutionalized to continuously improve and sustain this work, increase flexibility and responsiveness of supply chain, and better prepare for future disasters:
 - formalize ESC policy for the health supply chain
 - strengthen functional coordination platforms with clear organizational structure
 - engage health workforce to fully re-initiate all services
- Increase efforts and resources to fully restore the health supply chain infrastructures and systems:
 - rehabilitate premises, procure medical equipment including cold chain facilities and essential medicines,
 - build staff capacity
 - ensure continuous access to logistics management tools



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