Institutionalizing Supply Chains for Community Case Management

January 23, 2024

Co-hosted by the Institutionalizing iCCM and Commodities Subgroups of the Child Health Task Force
Speakers

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VillageReach
COMMUNITY SUPPLY CHAIN.

Stock-outs of Essential Medicines among CHWs in LMICs - Systematic Literature Review

Dr. Madeleine Ballard, CEO, CHIC
WHAT TO EXPECT.

We’ll cover:

1. Context
2. Objectives & methods
3. Results
4. Implications

joinchic.org/resources/supply-chws/
iCCM: Possibilities & Stock-outs

iCCM can reduce child deaths by up to 60%

Stock-outs undermine this possibility, lead to adverse outcomes.

To solve the problem we must understand its:

- Extent
- Cause
- Consequences
Objective: assess the extent of, consequences, and causes of stock-outs at community level.

- Systematic review (PRISMA guidelines)
- 5 databases & grey literature, January 2006–March 2021
- All papers appraised for risk of bias

Outcomes:
- **quantitative** data on stock-out extent (descriptive statistics)
- **qualitative** insights into reasons & consequences (thematic content analysis & narrative synthesis).
RESULTS: EXTENT.

The research concluded that the stock-outs are bad, getting worse, & that there are particular barriers at the last mile.

1083 record screened, 78 evaluations included
- 62,372 CHWs
- 2,383 health centers

Barriers at the last mile:
- CHW stock-outs: 28.93% [CI 95%: 28.79–29.07]
- vs. (p < 0.01)
- Health center: 9.17% [CI 95%: 8.64–9.70]

Essential medicine stock-outs in LMICs appear to be on the rise: 48.65% in last 5 years vs previous 10.
Issues were identified across various stages of the supply chain.

**RESULTS: CAUSES OF STOCK-OUTS.**

**PROCUREMENT**
- Funding.
- National forecasting.
- Delayed procurement due to governance structures.

**DISTRIBUTION**
- Lack of CHW-specific distribution policy.
- Coordination between levels.
- Fragmentation. Challenging terrain.

**WAREHOUSING/STORAGE**
- Inadequate/improper storage space.

**INVENTORY MANAGEMENT**
- Poor data management and stock planning.
- Accountability.
THE IMPACT ON PATIENTS & CHWS.

The consequences of stockouts included:

- interruptions to iCCM
- delays
- out-of-pocket expenses
- insufficient treatment
- dosing practices that increased the risk of medicine resistance
Community-level stock-outs of essential medicine constitute a serious threat to achieving universal health coverage (UHC).

WHAT NEXT?

- Integrated donor financing: 1 budget, 1 plan, 1 report
- Count CHWs
- Policies that support last mile distribution
- Leverage mobile: stock management tools for CHWs
ANY QUESTIONS?

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Effective Community-Level Supply Chains for iCCM and Malaria

Grace Adeya, Task Order Director GHSC-PSM | January 23, 2024
Effective Community Level Supply Chains For iCCM And Malaria: Overview

- We need flexible and resilient supply chains that can deliver quality health products, including malaria commodities, to CHWs and the communities they serve to realize our objectives for Integrated community case management (iCCM).

PHOTO CREDIT: GHSC-PSM | Zen Photography Madagascar
Effective Community Level Supply Chains For iCCM And Malaria: Overview

• As part of the U.S. President’s Malaria Initiative (PMI) five-year strategy to reduce malaria mortality and morbidity and bring more countries toward malaria elimination, PMI identified strengthening community health systems as essential.

• Effective Community Level Supply Chains for ICCM and Malaria

  Advocacy paper reflects on overarching challenges, raises awareness of best practices, and provides recommendations to help strengthen community level supply chains.
Specific supply chain challenges of communities and CHWs that need to be addressed

CAPACITY
- May be regulatory or programmatic limits on services or products offered
- CHWs frequently have limited formal education and training
- CHWs may not be proficient in “national” language (so materials may need to be in “local” languages)

INFRASTRUCTURE
- Poor conditions for product Often hard to reach
- Limited infrastructure (roads, electricity, internet) storage
- CHWs are often required to travel to collect supplies

PROGRAMMATIC
- CHWs status as part of the health system may be unclear
- Lack of remuneration
- Often weak health systems and limited data visibility
What are the key recommendations for effective community level supply chain?

1. Ensure that supportive policies and systems exist and are documented
   - CHWs List of Health Products
   - Tools and Forms
   - A document on the structure of the community-level supply chain
   - Written SOPs

2. Strengthen supply chain systems and processes
   - Forecasting and Supply Planning
   - Inventory Management Systems
   - Financial Systems
   - Capacity Strengthening

3. Prioritize data visibility
   - Strengthening the (LMIS) at the community level to allow visibility of disaggregated supply and demand data is vital for accurate forecasting and routine resupply.
Examples of key questions to ask about the community-level supply chain

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
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<tbody>
<tr>
<td>AWARENESS AND PRIORITIZATION</td>
<td>Is the community-level supply chain a national priority? Do decision makers talk about it?</td>
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<tr>
<td>DOCUMENTATION AND POLICY</td>
<td>What range of products and services do CHWs offer? Is a standardized list of products available?</td>
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<tr>
<td>DATA VISIBILITY</td>
<td>Are data available on stockouts at the community level? Is this information routinely available?</td>
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<tr>
<td>SUPPLY CHAIN</td>
<td>When national or regional quantifications are conducted, are products needs at the community level explicitly considered?</td>
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<tr>
<td>FINANCING</td>
<td>Are products offered by CHWs subject to cost recovery? Are financial processes strong enough to support resupply?</td>
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</table>
What should you do with the advocacy document?

Use it as an advocacy tool to share with country stakeholders such as donors, partners, key host government officials, etc.

Engage with key partners using information from the document.

Factor questions and recommendations from the document into country work planning and activity implementation.
Thank you
Financing Community Health Products

Jane Briggs, Senior Principal Technical Advisor,
Lead on MNCH, MTaPS

January 23, 2024
Health products for use at community level need to be available at national level

- Community health workers (CHWs) **don’t work in a vacuum**

- Need dependable **national-level availability** and an **efficient supply chain** to the community

- Otherwise, there is a negative impact on the **ability of CHWs** to provide **quality services**

- To ensure sufficient supply, financing needs to be assured not only for **procurement** of commodities at national level but also for their **distribution to the last mile**
To mobilize financial resources, we need to know how much is needed

Community needs are often overlooked at the planning stages

In forecasting and supply planning, community needs are not separated explicitly or are not accounted for

Data on CHW consumption may be missing in the LMIS or aggregated with health center data

Financing is not sufficient for health facility needs as well as community, and products intended for the community are diverted to health centers
Tools to help countries plan for commodity use at the community level

**Community Health Planning and Costing Tool (Version 2.0)**

- For planning community services and calculating the resources needed
- Covers a comprehensive package of community health care services
- Open-source spreadsheet tool to project the costs and financing

**Quantification resources such as the Quantification Analytics Tool**

- Forecasting supplement on reproductive, maternal, newborn, and child health medical products
  - Morbidity-focused and includes community needs for each condition where applicable
  - Excel spreadsheets

USAID MTaPS PROGRAM
Global Fund opportunity for financing commodities (I)

- In 2014, Global Fund agreed to fund the community platform costs for iCCM but not commodities
- However, there were still stockouts at the national level due to:
  - Inadequate funding
  - Poor data
  - Insufficient or inadequate quantifications and forecasting
  - Challenges of co-financing of non-malaria iCCM components and commodities
Global Fund opportunity for financing commodities (II)

In January 2023, Global Fund announced they could fund non-malaria commodities for iCCM with the following conditions:

- Only commodities for **pneumonia** (amoxicillin and timers) and **diarrhea** (ORS and zinc)
- Only for **community level**, not health facility level
- Only if there was an **identified gap**
- **Countries need to describe:**
  - How commodities would arrive at the community level
  - How antimicrobial resistance would be contained
  - A strategy for continued financing beyond the three years of the Global Fund grant
The 2023 GC7 Global Fund proposal cycle windows

<table>
<thead>
<tr>
<th>Window</th>
<th>Applicant Submission Deadline</th>
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<tbody>
<tr>
<td>1</td>
<td>20 March 2023</td>
</tr>
<tr>
<td>2</td>
<td>30 May 2023</td>
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<tr>
<td>3</td>
<td>21 August 2023</td>
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<td>4</td>
<td>5 February 2024</td>
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<td>5</td>
<td>29 April 2024</td>
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<td>6</td>
<td>9 September 2024</td>
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<td>7</td>
<td>TBC</td>
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Challenges countries faced

- Country teams were not aware of the medicine needs of the community level
- Country teams did not know whether community level commodities were fully funded
- Advocating for part of Global Fund malaria budget was challenging as budget is limited, even for malaria needs
- GF funding request included gap tables (patients not numbers of tablets)
- Some country teams were not aware of the GF opportunity until too late
- Child health and community health teams are often not involved in the GF funding request preparation process
Support provided to countries

- Quantification sheet linked to the CHW gap analysis table
- Remote technical assistance
- Advocacy brief

SCAN to access the advocacy brief
Estimating commodity needs for the community level is needed for resource mobilization.

Financing required—not just of commodity procurement but also supply chain.

Global Fund is just one mechanism to leverage funds for commodities and CHW supply chain.
Thank you

Questions?
Supply Chain for Community Health Workers

A Systems Strengthening Project Liberia
Getting Products to People: A VillageReach approach

Getting CHAs in Liberia the supplies to serve their communities

Community Health Assistants (CHAs) are the backbone of the public health system.

CHAs can dramatically expand access to health care in a cost-effective manner if they are equipped with the supplies, they need to serve their communities.

Supply Chain Challenges:
- Lack of data for decision making
- Limited supply chain expertise
- Inconsistent delivery systems
Overview of the Supply Chain for CHWs

Improving supply chains outside of health facility to the last mile ensures CHWs have medicines and lifesaving health products, and can serve the under-reached.

Multi-level Intervention

- **National engagement**
  Advocacy for process, strategy, policy change, prioritization of CHW supplies, financing, TWG

- **District/County**
  Support for transportation of supplies, govt engagement

- **Community level**
  HCW capacity building, support with digital tool use/deployment

**Transportation**
Refine last-mile delivery operations & modalities

**Supply Chain Financing**
Advocate for increased funding for health products/supplies for CHWs

**Advocacy**
Integrate CHWs into national public health systems including supply chains

**Health workforce**
Increase community health workforce supply chain competencies at the last mile

**Data**
Deploy digital solutions to simplify community-level data collection, analysis and use
Key highlights

Integration of Community Health Supply Chain into the National Public Health Supply Chain Master Plan

CHA commodity needs and forecasts included in the national commodity quantification and supply plan reviews

Improved the LMIS reporting rates to 100% contributing to systematic allocation of commodities to the NCHP by counties

Digitization and pilot deployment of the community-based information system (eCBIS)

Developed and deployed a CHA supply chain kit delivery system

Deeper understanding of CHA supply chain bottlenecks
Lessons learnt in Liberia

- Standardizing supply chain practices to reduce fragmentation
- Development of change champions who serve as strong advocacy for integration and government adoption
- Adoption of technology to replace paper based processes, training and mentorship

**Commodity procurement & resupply intervals**
- Predictable and reliable procurement and distribution cycles at the national level
- Lack of it affects implementation of key inventory mgmt policies ie safety and buffer stock, resupply intervals and LMIS reporting timelines

**Storage and transport capacity enhancements**
- Dedicated storage and staging space for CHA supplies to monitor stock levels and to have an efficient picking process
- Availability of transport for prompt dispatch after packing to reduce the holding costs and create space

**Human resource capacity**
- Commodity and waste management skills
- Dedicated workforce to manage the last mile supply chain

**People centered approach**
- Use people centered approach to design interventions at the community level
- Leave room for adjustments (innovations), continuous improvement reviews and planning with end users and key stakeholders

**Invest in knowledge management**
- MOH should establish repositories for the supply chain and community health initiatives to ensure that the lessons learnt, best practices, case studies, toolkits, challenges are preserved and serve as the foundation for future projects

**Fund policy integrations and implementation**
- Integration of proven interventions into national policies
- Prioritize resource mobilization for low-cost interventions that have proven to be successful in achieving policy and strategic priorities

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Potential solutions for future considerations

To ensure performance of community supply chains, invest in workforce, digitization, transport infrastructure and reliable funding for commodity procurement.

- **Reliable funding**: Reliable funding and predictable procurements for medicines and supplies.
- **Workforce development**: Introduce a last-mile supply chain cadre to manage the supply chain.
- **Digitization of key processes and information**: Digitization of service delivery and supply chain workflows into a single app.
- **Outsourcing transport**: Engage the local private sector to support with commodity deliveries to hard to reach areas.
Zikomo! Thank you! Obrigada! Merci!
Questions?
The Child Health Task Force is managed by JSI Research & Training Institute, Inc. through the USAID Advancing Nutrition project and funded by USAID and the Bill & Melinda Gates Foundation.

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.