

ABSTRACT TEMPLATE**7th Global Health Supply Chain Summit (GHSCS) 2014**

| INFORMATION |
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| <p>Title of Presentation</p> <p>Lessons Learned: Designing and Implementing the Hybrid Essential Medicines System Strategy to Improve Product Accessibility in Zambia</p> |
| DESCRIPTION OF WORK |
| <p>Context and motivation <i>(Please indicate how similar challenges have been addressed in different places or times by other practitioners)</i></p> <p>Using actual consumption and stock-on-hand data to determine the order quantities for health supplies at each facility is a best practice in supply chain management. It helps ensure the availability of supplies, prevents commodity expiries, and mitigates wastage of funds and stocks. Until 2008, the Essential Medicines Logistics Program, within the Ministry of Health (MOH), Government of the Republic of Zambia (GRZ), was not based on such a system; rather, it provided essential medicines to district health offices (DHOs) in kit form. The DHOs then allocated medicines to health facilities, based on the population within their catchment area instead of actual consumption levels; no logistics data were captured. As a result, facilities often had too much or too little product to meet their clients' needs.</p> <p>In addition, supply chain bottlenecks by the Medical Stores Limited (MSL) at the district level (the warehousing entity charged with delivering commodities to approximately 2,000 pharmacy stores and health facilities throughout Zambia) also affected product availability. A 2008 baseline assessment of 24 districts in Zambia indicated that many facilities stocked out of items that included rapid diagnostic tests and male condoms, even though they were available at the central and district levels. For example, amoxicillin 125mg/5MI was available at 80% of district stores, AL 1*6 was available at 90% of district stores, and RDTs were available at 60% of district stores; but these commodities were stocked out at 80%, 60%, and 60%, respectively, of the facilities in these districts.</p> |
| <p>Methodology and work timeline</p> <p>In response, partners including the World Bank, U.S. Government, U.S. Agency for International Development (USAID), Crown Agents, Department for International Development (DFID), and the USAID DELIVER PROJECT designed the Essential Medicines Logistics Improvement Programme (EMLIP). The</p> |

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| <p>EMLIP aimed to determine the best supply chain model for essential medicines in Zambia and to improve the availability of commodities, as well as data visibility for making supply chain decisions.</p> <p>In 2009, the MOH and partners piloted two distribution models (A and B), both of which used logistics data to determine resupply quantities. In Model A, the DHO was a “non-cross dock” that was used to sort, package, and distribute bulk stock to its facilities; in Model B, the DHO was a “cross dock” that was responsible only for distributing centrally pre-packaged commodities to individual health facilities. A control group continued to use the existing kit system, which was based on population rather than logistics data.</p> <p>The two EMLIP models were piloted for 12 months. An evaluation was done in 2010.</p> |
| <p>Results</p> <p>The evaluation showed an increase in product availability at the facility level in both models. Stockout rates also decreased in both models; Model B showed the most improvement.</p> <p>Based on results from the evaluation, Model B was implemented in 16 of the 24 districts surveyed at baseline. However, in late 2012, procurement delays led to central-level stockouts, affecting all Model B districts. To protect against central-level stockouts, an EMLIP “hybrid” system was created and rolled out in 2013. The hybrid system followed the Model B design for drugs, supplemented by health center kits for medical supplies such as bandages and syringes. The hybrid system allowed the MOH and partners to ensure that the Model B districts and facilities could stock essential medicines, even in the event of unforeseen procurement issues or central-level stockouts.</p> <p>Finally, the implementation of an MSL Hub initiative, as part of its National Supply Chain Strategy, has begun the decentralization of Zambia’s health commodity distribution system. With these MSL hubs, the bottleneck effects often experienced in the country’s distribution activities at the district level can be eased and more vehicles can be made available for delivering commodities to nearby districts. The hub in Choma, Southern Province, was launched in December 2013; its effect can be seen in the logistics data for the four EMLIP hybrid districts within the Southern Province.</p> |
| <p>Conclusion/Interpretation</p> <p>Aligning services between three partners—MOH, MSL, and the USAID DELIVER PROJECT—greatly improves commodity security.</p> <p>The aim of the EMLIP was to address poor availability and suboptimal distribution of essential medicines in the public health sector. As it rolled out, EMLIP faced problems with procurement and distribution, and the system required modifications and adaptations to account for these issues. The redesigned system, EMLIP Hybrid, is a combination of bulk commodity distribution, based on drug consumption and stock data reported by health facilities, including a supplementary kit for medical supplies.</p> <p>This initiative has been aided by the National Supply Chain Strategy, implemented by MSL, which includes the construction of hubs and staging posts in provincial capitals to aid in the decentralization of the country public health commodity distribution system. This hub strategy allows for timely “last mile” distribution.</p> |
| <p>Outline of Presentation</p> |

- Introduction
- Baseline Survey and Pilot
- Redesign of the System: EMLIP Hybrid
- Results
- Conclusion


Key Material *(Please include existing slides if available, annotated with expected differences where necessary)*

We will send the slide later

Statement of relevance *(applicability to conference theme and potential benefits to participants)*

This presentation will share the lessons learned and will highlight the benefits from the essential medicines logistics system innovations and the advantages of vertical integration of distribution.

JENNIFER PIETROPAOLI :: COMMUNICATIONS ASSOCIATE

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