Sustainable Supply Chains for Health System Strengthening
Workshop 14-18 May 2018:

Brief Recap
EXECUTIVE SUMMARY

From 14 to 18 May 2018, representatives from 14 countries, as well as partners and UNICEF staff from Programme, Supply Division, and Regional Offices, met in Copenhagen for the first-ever Sustainable Supply Chains for Health System Strengthening (HSS) workshop. The objectives of the workshop were to support UNICEF countries and national governments to formulate country-level strategies and workplans related to sustainable supply chains (SC) for HSS; enable buy-in and foster alignment of counterparts for SC strengthening processes; and share and learn about current efforts and progress for sustainable SC solutions.

The workshop methodology included a mix of thematic sessions, technical panels, tool-based workshops, and country planning and reporting sessions, using an approach detailed in the “Process Guide and Toolkit for Strengthening Public Health Supply Chains through Capacity Development.” In pre-workshop preparation, country teams – including representatives from health ministries, national procurement bodies, and UNICEF – applied a new UNICEF tool (informed by the Bill and Melinda Gates Foundation (BMGF) maturity model) to estimate SC maturity levels. Countries could thus baseline their present and future states, prioritize areas for greater investment and SC strengthening, and establish a common language on SC planning and practice.

Partners present included BMGF, GAVI, Global Fund, USAID, World Bank Global Financing Facility, WHO, John Snow Inc., VillageReach, People that Deliver and others. They outlined their strategies and offered insights for monitoring SC and HSS investment impacts. They provided one-on-one technical advice and tools for SC situation analysis and priority-setting; strategies, interventions, and implementation; governance, leadership, and performance monitoring; and other practical country diagnostics, designs and actions.

As a result of the workshop, country teams prepared a draft action plan, as an entry point for further in-depth discussions and engagement at country level. The following table summarizes how countries have committed to take action, in coordination with UNICEF, per their end-of-workshop action plans. Moving forward, UNICEF country, regional and global offices will support governments to establish SC maturity metrics to measure SC and health system improvements. These concerted and collaborative efforts will pave the way for strengthening the SC for HSS to deliver for children.

<table>
<thead>
<tr>
<th>Supply/Health System Areas of Action</th>
<th>Countries committed to addressing strategic gaps based on their analysis using the SC maturity metrics tool</th>
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<tbody>
<tr>
<td><strong>ENABLERS</strong></td>
<td></td>
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<tr>
<td>People and Practice</td>
<td>Ukraine, Myanmar, Philippines, Ethiopia, Madagascar, Malawi, Zambia, Nepal, Côte d’Ivoire, Nigeria</td>
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<tr>
<td>Policy and Regulatory Frameworks</td>
<td>Philippines, DRC, Nigeria</td>
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<tr>
<td>Data Management</td>
<td>Ukraine, Myanmar, Ethiopia, Malawi, Zambia, Lebanon, Nepal, Côte d’Ivoire, Nigeria, Senegal</td>
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<tr>
<td>System Design</td>
<td>Ethiopia, Malawi, Pakistan, DRC</td>
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<tr>
<td>Finance and Domestic Resource Mobilization</td>
<td>Madagascar, Malawi, Nigeria</td>
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<tr>
<td><strong>OPERATIONS</strong></td>
<td></td>
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<tr>
<td>Supply Chain Operations (end-to-end)</td>
<td>Myanmar, Philippines, Ethiopia, Malawi, Lebanon, Nepal, Pakistan, Senegal</td>
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As part of the post-workshop follow-up, UNICEF regional and country offices will map the ongoing SC activities in all 14 countries by the end of June 2018. UNICEF will establish a calendar of quarterly updates with countries, to be monitored at the regional and global levels. And UNICEF will draft a timeline to coordinate follow-up actions in support of country action plans, identifying technical assistance needs from regional offices, supply and
programmes. UNICEF is creating an online platform to share and disseminate information and learning more easily.

In collaboration with regional offices, UNICEF is also preparing a short strategy brief. It will seek to simplify SC strengthening in the context of HSS, and ensure clear communications and effective implementation. This effort recognizes the potential of leveraging the nearly USD 1 billion of programme expenditure in 2017 on public health supplies and SC services. This opportunity now must further translate to sustainable SC solutions that positively impact children’s lives.
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"Where there are no supplies there are rarely results for children" 4
INTRODUCTION

UNICEF supports governments, country offices and development partners to strengthen national SCs for HSS, through capacity development approaches that achieve stated goals by presenting clear courses of action. UNICEF seeks to improve both the performance and sustainability of the SC for HSS, so governments can respond to identified trends, satisfy increased demand, and deliver for children.

UNICEF’s commitment to strengthening national SC systems is guided by the UNICEF Strategic Plan (2018-2021), UNICEF National Supply Chain System Strengthening Strategy, the UNICEF Strategy for Health (2016-2030) and the GAVI Alliance Immunization Supply Chain Strategy (2016-2020). Underlying these strategies is the knowledge that where there are no supplies there are rarely results for children.

To broaden perspectives around the practical understanding of SC strengthening for HSS, and in recognition of country-specific contexts, UNICEF held a weeklong workshop to convene various country offices and partners. A key input to the workshop was for countries to self-assess where they lie on the SC maturity continuum (A concept partially adapted from the BMGF maturity model). In consultation with partners, countries could then work to accelerate implementation of national SC strategies, through shared planning, learning and technical support.

Venue and Attendees

The workshop was held from 14 to 18 May 2018 at UNICEF Supply Division in Copenhagen. It brought together government representatives from 14 countries already invested in SC strengthening, as identified by their existing annual workplans: Côte d’Ivoire, Democratic Republic of the Congo (DRC), Ethiopia, Lebanon, Madagascar, Malawi, Myanmar, Nepal, Nigeria, Pakistan, Philippines, Senegal, Ukraine, and Zambia. The workshop also included the Gates Foundation, GAVI, Global Fund, USAID, World Bank Global Financing Facility, WHO, John Snow Inc., VillageReach, People that Deliver; Inter-Agency Supply Chain Group; other non-profits and private sector companies; and UNICEF programme and supply staff from regions and headquarter offices.

BACKGROUND AND WORKSHOP OBJECTIVES

The overall objectives of the workshop were threefold. First, the workshop served to foster alignment of counterparts around SC for HSS, to strengthen commitments and processes. Second, UNICEF country teams, government delegates, and partners sought to formulate country-level strategies and workplans related to sustainable SCs for HSS. The teams also looked to develop an accompanying technical support or capacity building strategy. Third, the workshop allowed delegations to take stock and share lessons. The outcomes will also help shape a preliminary strategy brief, to accelerate supply chain activities impacting UNICEF Strategic Plan results for children.

Preparation and Methodology

In preparation for the workshops, participating countries completed a pre-workshop assignment. They applied a new UNICEF approach to approximate country SC maturity levels (adapted from the BMGF maturity model), in relation to the SC operations and enablers. Per the below diagram, the five enablers included: (i) people and

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1 Please see the full participants list. The 14 countries were selected on the basis of already having invested in SC strengthening to achieve results for children.
2 The “operations” refer to the various stages of the SC. The “enablers” refer to the cross-cutting, underlying capacities that must be in place to ensure effective operations.
practices (HR); (ii) data management; (iii) system design; (iv) financing and domestic resource mobilization; and (v) policies and regulatory frameworks. The eight SC operations included: (i) definition of need; (ii) budgeting and planning; (iii) procurement; (iv) delivery and clearance; (v) inspection; (vi) warehousing, distribution and reorder; (vii) utilization by end user; and (viii) monitoring and evaluation (M&E).

The maturity modelling is intended for individual country contexts rather than comparison across countries. It allowed teams to self-assess SC performance against each fundamental – enablers and operations – on a scale of “1” to “5” guided by pre-defined indicators. It thus provided a range from “minimum performance” to “optimum and most effective performance.” If a country meets or exceeds Level 5 across all fundamentals, its SC should operate efficiently, by providing affordable, quality (potent and safe) supplies in the right place at the right time, to achieve results for children. (See the annex for links to country self-assessment posters.)

Countries were thus able to baseline their present situation and desired future state, identify gaps to further confirm actions and investments, prioritize areas for greater investment and SC strengthening, structure discussions around processes with stakeholders, and establish a common language for partners on SC planning and practice. They could also align and complement activities on specific fundamentals and functions, and identify opportunities for mutual reinforcement across programme design and SC management.

“Where there are no supplies there are rarely results for children”
WORKSHOP OUTCOMES

1. Fostering alignment of counterparts around SC for HSS

Call to Action

In UNICEF’s new Strategic Plan, systems strengthening represents an important pillar. Donors spend between USD 7 billion and 10 billion per year on public health goods, which must maneuver through national SCs at all levels. In 2017, UNICEF moved USD 3.5 billion in total goods and services; of which USD 1 billion was allocated from UNICEF’s USD 5.5 billion program expenditures; or 18% of all programme expenditure in 2017 was allocated to supplies and SC services.

Day 1 provided context and highlighted the importance of effective SCs in providing services for children. The call to action also underscored the need throughout the workshop to strengthen national health systems to achieve the SDGs. For example, during the 2014 Ebola outbreak in West Africa, health systems were the first line of defense against further spread of the virus. The recent outbreak in DRC is a reminder of how SCs must be resilient enough to respond to outbreaks as well as provide routine health services. UNICEF’s support to systems strengthening must be done in the context of national strategies, and such meetings are an invaluable opportunity for governments to highlight how UNICEF can best support their work.

There was also recognition that some 69 million children under the age of five are at risk of dying if SCs do not ensure countries to reach more children. The focus must be on these children who would not otherwise live to 2030 without proactive, integrated work to activate and implement the enablers in meaningful ways.

Country teams were thus asked to consider what it means to strengthen the SC in their context. There must be an effort to bridge the gap between those diagnosing, and those doing the planning and budgeting. This entails, first and foremost, bringing people together. There was agreement that countries must identify clear commitments on how to achieve better results, and hold themselves accountable. The workshop would therefore serve to emphasize the accelerators needed to achieve health outcomes, better leverage people and relationships, and define a clear roadmap forward.

The emphasis was less on the “whats” and more on reaching a common understanding of the “hows” of collaboration. The SC is an integral part of HSS, but just one component of many. UNICEF plays a specific role as it relates to advocacy, and technical and programme implementation; but governments must take the lead. UNICEF is one of many players, serving to catalyze and convene around the various SC elements for HSS. Regulatory frameworks and their implementation must move forward at country level, alongside the work of the WHO and other partners. And, the global focus must expand from “survive” to include “thrive” and “transform.”

Attention must equally be placed on strengthening SCs in emergencies. Such structures and networks must serve longer-term needs and other commodities. SCs must speak to each other, and countries must be specific in prioritizing these enablers of transformation.

The partners – including BMGF, GAVI, Global Fund, USAID, World Bank Global Financing Facility, WHO, John Snow Inc., Village Reach, People that Deliver and others – outlined their strategies for monitoring the impact of investments. Moreover, through a menu of 18 workshops, they offered one-on-one technical advice and tools, including designs and diagnostics, M&E dashboards, and other practical country actions.

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3 Source: UNICEF’s Supply Annual Report 2017
2. Formulating country-level strategies and workplans

Each panel session was structured around the SC strengthening framework, including Advocacy, Situation Analysis, Strategy, Implementation and Performance (see below diagram). Teams were encouraged to interact with peers to define what success looks like, with specific attention to the enablers. The back-and-forth discussions around a convoluted “spaghetti” process flow-chart and the countless individual country setting examples suggested that SC for HSS can be inherently complex.

Planning solutions thus both must allow for necessary complexity and clarify simpler views on ways forward. The examples provided by delegations highlighted that UNICEF’s SC capacity and designs in community health, immunization and nutrition can be leveraged in other SCs. Many countries identified a clear lack in policies and regulatory framework and data, which put an increased focus and pressure on human resources capacity.

### Participating Countries by UNICEF Region

<table>
<thead>
<tr>
<th>Eastern Europe and Central Asia</th>
<th>East Asia and the Pacific</th>
<th>East and Southern Africa</th>
<th>Middle East and North Africa</th>
<th>South Asia</th>
<th>West and Central Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ukraine</td>
<td>Myanmar</td>
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<td>Zambia</td>
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<td>Senegal</td>
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### Summary of countries outcomes

The following table summarizes the outcomes of the workshop, or potential entry points where countries have committed to take action, per the checkmarks. The numbers correspond to pre-workshop self-assessment scores from the SC maturity tool, or baselines, on a scale of “1” to “5”.

For example, based on its discussions and action plan, Côte d’Ivoire suggested it would focus on people and practice (deemed Level 2), as well as data management (deemed Level 3). It would pull recommendations from the various assessments. It would reinforce capacities of the national commission for procurement of medicines. Côte d’Ivoire would finalize its logistics information master plan, and create a Visibility and Analytics Network (VAN) tool for data visibility. Côte d’Ivoire would also create a SC regional expertise center.

Further country details are provided in the annex, as well as at the links for both the country pre-workshop maturity self-assessment posters and end-of-workshop action plans.
3. Taking stock and sharing lessons

**Workshop Content and Shared Learning**

The thematic sessions, technical panels, workshop presentations, and learning are now posted. Materials include recorded panels, PowerPoint presentations, and draft notes, available on the [online platform](#).

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>ENABLERS</th>
<th>OPERATIONS</th>
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<tbody>
<tr>
<td></td>
<td>People &amp; Practice</td>
<td>Policy &amp; Regulatory Frameworks</td>
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<td>Côte d’Ivoire</td>
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**UNICEF Follow-Through**

UNICEF is committed to following up – and through – with country offices and counterparts, to deliver for children and families. UNICEF is committed to:

a. **Creating an online platform to share information**, lessons learned, innovations, tools, assessments, new products, references, and insights. (It is now available [here](#).) UNICEF will work with regions and countries to establish online knowledge exchanges: email, webinars, and topical and timely discussions. UNICEF is further exploiting Twitter, Yammer, ICON, video and photos to push advocacy efforts, and get the agreed messages out.

b. **Providing technical support on HSS and SC strengthening**, to each of the 14 participating countries. UNICEF will map the ongoing SC activities in all 14 countries by the end of June 2018. Country offices will establish a calendar of quarterly updates with governments, to be monitored at the regional level and reviewed at the global level. A timeline will serve to coordinate follow-up actions in support of country action plans. Based on the experience with these countries, UNICEF will scale outward to other regions and countries.

UNICEF Programme and Supply Division have committed to following up with countries in a systematic way, coordinated by regional offices, to plan and service technical needs, and assess common actions. UNICEF is further supporting its country office colleagues by consolidating the technical expertise and support available from regional offices and headquarters in the form of a clear “Technical Assistance menu.”

"Where there are no supplies there are rarely results for children"
c. **Simplifying HSS and SC approaches**, to clarify how models fit together, under a shared, common overview of support, to ensure strategic, systematic and effective implementation for children. UNICEF is seizing upon country knowledge and past experiences to root a common framework, and action the workshop’s insights and findings.

d. **Leveraging innovative models**, where there are good examples of country offices implementing SC management and HSS activities. UNICEF is also documenting and sharing country experiences to drive better results for children, mindful that resources, capacities and complexities vary from one country to another.
ANNEXES AND LINKS

- Agenda
- Participants list
- Country self-assessments
- End-of-workshop action plans
- Sustainable Supply Chains for HSS team site

ANNEX 1 – Summary of Country Planning

The following is a draft list of some of the proposed country planning to strengthen SC for HSS. For the full actions as described by the country delegations please see their pre-workshop maturity self-assessment posters and end-of-workshop action plans.

Europe and Central Asia:
- Ukraine suggested it would focus on the Effective Vaccine Management (EVM) assessment, assess its vaccine SCs, and identify priority areas for improvement. It also would establish a national logistics working group. It would coordinate follow-up on the EVM results, and incorporate actions into the existing plan for SC strengthening. Ukraine also wants to implement the UNICEF Visibility for Vaccines (ViVa) tool at the national level.

East Asia and Pacific:
- Myanmar would review its baseline assessment, revise its SC strategy, cost SC implementation, and map its SC resources. It would set up an SC organization and human resources (HR) plan, develop a SC Monitoring and Evaluation (M&E) framework, heighten SC visibility, and review its logistics capacity. The current national procurement and supply structure requires strengthening, and their logistics management information system (LMIS) must be harmonized among programmes.
- Philippines suggested taking stock of available assessment tools and presenting options to the government. It would initiate the development of a SC strengthening strategy via a multi-stakeholder mechanism. It would explore potential local sourcing of RUTF, as well as build capacities of the new Department of Health to advocate for SC strengthening.

Eastern and Southern Africa:
- Ethiopia would seize the opportunity of the government business process reengineering exercise and the ongoing SC strategic planning process to identify actions moving forward. It would strengthen the procurement functions and HR capacity building of the Pharmaceuticals Fund and Supply Agency (PFSA), support warehousing and inventory management, and move forward on nutrition SC integration.
- Madagascar would address recent surveys and assessments, and adopt relevant tools – e.g. the USAID National Supply Chain Assessment (NSCA) tool and People that Deliver (PtD) tool for HR capacity needs. Along with UNICEF Supply Division, Madagascar would also consider alternative mechanisms for bridge financing, for procurement services of medicines.
- Malawi would focus on integrating parallel SC structures, expanding participation of the integration task force and steering committee, and mapping health product information systems. Their SC strategy is under development. Malawi will pilot an end-user monitoring tool and consider pre-financing of commodities. They would also explore GS1 Global Traceability Standard for end-to-end product tracking.
• **Zambia** would draft a national SC strategy aligned with their health strategic plan, through a consultative process and with an M&E framework. Zambia too will consider GS1 tracking.

**Middle East and North Africa:**
• **Lebanon** would focus on GAVI and EVM assessments to inform work moving forward. It would tighten data collection at district level through capacity development, and improve forecasting. ViVa will serve as an interim tool to help with data visibility. An immunization SC dashboard at PHC level will also provide better visibility.

**South Asia:**
• **Nepal** would engage with partners to improve its SC, as procurement is moving from the central body to a decentralized model. Nepal would conduct an end-to-end assessment of the nutrition SC, provide an HR landscape analysis, and review the linkage between LMIS and HMIS data. Nepal would also consider how best to engage their private sector.
• **Pakistan** would map seven major cities and consider immunization as entry points for an urban health strategy. Pakistan would consider the outsourcing of vaccine distribution in Punjab for scale-up elsewhere. They would conduct an EVM improvement and implementation plan. And they would widen participation of the Project Management Team (PMT) of the ongoing Cold Chain Equipment Optimization Platform (CCEOP) to other stakeholders.

**West and Central Africa:**
• **DRC** would prioritize decentralization and action plans at provincial and regional levels. DRC would coordinate with partners, especially at subnational level, to strengthen alignment with national SC. DRC foresees the private sector being at the heart of their strategy, and wants to reinforce the PPP/MOH/FEDECAME linkages.
• **Côte d’Ivoire** would pull recommendations from the various assessments. It would reinforce capacities of the national commission for procurement of medicines. Côte d’Ivoire would finalize their logistics information master plan, and create a Visibility and Analytics Network (VAN) tool for data visibility. Côte d’Ivoire would also create a SC regional expertise center.
• **Nigeria** would use the Primary Healthcare (PHC) revitalization strategy to move forward. They would conduct a PHC quantification workshop, training needs assessment, and HR for SC management assessment at the subnational level. Nigeria would develop a white paper for SC budget line advocacy, factoring in linkages with the private sector and donors. Nigeria is also looking at data integration of their NAV system (an LMIS) with DHIS2 (a health information system), as well as data visualization, including a last-mile dashboard for decisions.
• **Senegal** would conduct a NSCA evaluation of their SC to inform its action plan. They would conduct a self-assessment of their EVM. And they would roll out ViVa at the subnational level to monitor vaccine stocks and avoid delays in pre-financing of vaccines.
ANNEX 2 – Communications Wrap-up

UNICEF sought to raise awareness about the workshop, generate interest in the sessions, and engage colleagues more broadly around the idea of SCs for HSS. UNICEF organized significant communications activities throughout the week, targeting both internal and external communications channels. A communications plan, developed jointly by Supply Division’s Supply Chain Strengthening and Communications teams and shared with Programme Division’s communications colleagues, identified relevant activities during and after the workshop.

Key Activities:
- Photographs and quotes captured and shared during the workshop, using the hashtag #supplychainsforhealth
- Video interviews with the participants around their thoughts on SCs and the HSS approach
- Skype call-in links to join sessions remotely, and recordings of the sessions
- Information continuously posted and maintained on a dedicated Team Site for the workshop

Outcomes so far:
- 27 tweets from the UNICEF Supply and People that Deliver Twitter accounts using the hashtag #supplychainsforhealth, including retweets by GAVI, UNICEF Africa, the Global Financing Facility, etc.
- 28 posts in Yammer, primarily in the Supply Community forum but also cross-posted in the Nutrition and Strategic Communication groups. The #supplychainsforhealth tag has been adopted by other users, and the workshop was among the most popular Yammer topics for two weeks.
- 2 posts on LinkedIn using the hashtag
- Over 350 unique visitors to the workshop team site
- Visibility of the workshop on UNICEF’s intranet, which had embedded the Supply Community Yammer feed into the homepage
- Wrap-up story posted on Icon

Potential communications activities in the future:
- Story on UNICEF Connect blog
- News item in the People that Deliver newsletter

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