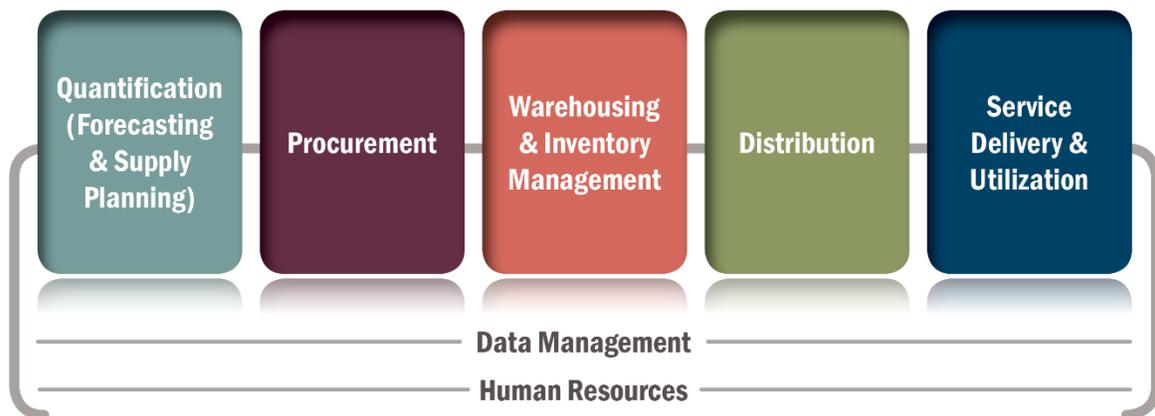


Promising Practices in Supply Chain Management:

Series Overview



This brief is part of the *Promising Practices in Supply Chain Management* series, developed by the Supply and Awareness Technical Reference Team (TRT) of the [UN Commission on Life-Saving Commodities for Women's and Children's Health](#) (the Commission or UNCoLSC). As part of the [Every Woman Every Child](#) movement and efforts to meet the health-related Millennium Development Goals by 2015 and beyond, the Commission is leading activities to reduce barriers that block access to essential health commodities. The Supply and Awareness TRT developed this set of briefs on promising practices in supply chain management to guide countries in identifying and addressing key bottlenecks in the supply and distribution of the Commission's 13 life-saving commodities across the reproductive, maternal, neonatal, and child health continuum of care.

This series of briefs has been developed for use by in-country stakeholders. The briefs provide both *proven* and *promising* practices that may be used to address specific supply chain barriers faced by each country.

- *Proven practices* are defined as interventions with proven outcomes in improving health commodity supply chains in low- and middle-income countries tested using experimental or quasi-experimental evaluation designs. Examples of proven practices are identified by this symbol throughout these briefs. 
- *Promising practices* are defined as interventions showing progress toward improving health commodity supply chains in low- and middle-income countries.

To view all the briefs in the Promising Practices in Supply Chain Management Series, visit <http://siapsprogram.org/publication/promising-practices-in-supply-chain-management>

The organizations that participated in the development of these briefs are: Systems for Improved Access to Pharmaceuticals and Services (SIAPS), VillageReach, John Snow, Inc. (JSI), United Nations Population Fund, US Agency for International Development (USAID), Imperial Health Sciences, People that Deliver, mHealth Alliance, Merck for Mothers, United Nations Children's Fund, Clinton Health Access Initiative, Population Services International, and PATH.

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Abbreviations and Acronyms

ACT	artemisinin-based combination therapy
ADP	Accenture Development Partners
AIDS	acquired immune deficiency syndrome
AL	artemether/lumefantrine
AMFm	Affordable Medicines Facility-malaria
ARV	antiretroviral
CBD	community-based distribution
CCC	commodity coordinating committee
CHAI	Clinton Health Access Initiative
CHW	community health worker
CMS	Central Medical Store
CORDAID	Catholic Organisation for Relief and Development Aid
CP	Commodity Planner
DCP	Disease Control Program
DDC	Domestic Distribution Centre
DLS	Dedicated Logistics System
DMPA	depot medroxyprogesterone acetate
DPAT	District Product Availability Teams
DPT	district pharmacy technician
DRC	Democratic Republic of the Congo
DTTU	Delivery Team Topping Up
EWEC	Every Woman Every Child
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
HMIS	Health Management Information System
HR	human resources
HRH	human resources for health
HSA	health surveillance assistant
ICT	information and communication technology
ILS	Integrated Logistics System
IP	implementing partner
JSI	John Snow, Inc.
LMIC	low- and middle-income countries
LMIS	Logistics Management Information System
LMU	logistics management unit
MCHS	Malawi College of Health Sciences
MEMS	Mission For Essential Medical Supplies
MOH	Ministry of Health
MOH-HTSS	MOH - Health Technical Support Services Department
MNCH	maternal, neonatal, and child health
MSD	Medical Stores Department
MSH	Management Sciences for Health
MSL	Medical Stores Limited
MSP	Ministerio de Salud Pública (Ministry of Public Health)

NACA	National Agency for the Control of AIDS
NDoH	National Department of Health
NGO	nongovernmental organization
NHTC	National Health Training Center
PAHO	Pan American Health Organization
PAV	Programa Alargado de Vacinação (Expanded Program on Immunization)
PBF	performance-based financing
PEPFAR	President’s Emergency Plan for AIDS Relief
PMU	procurement management unit
PPA	Public Procurement Authority
PPB	Public Procurement Board
PPS	Pharmaceutical Procurement Service
PRISM	Performance of Routine Information System Management
PROMESE/CAL	Programa de Medicamentos Esenciales/Central de Apoyo Logístico (Program for Essential Medicines/Central Logistics Support)
PSI	Population Services International
PtD	People that Deliver
RFID	radio frequency identification
RHIS	routine health information systems
RHSC	Regional Health Service Center
RMNCH	reproductive, maternal, neonatal, and child health
R&R	reporting and requisition
SC4CCM	Supply Chains for Community Case Management
SCM	Supply Chain Management
SCMS	Supply Chain Management System
SDP	service delivery point
SEAM	Strategies for Enhancing Access to Medications
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SMS	Short Message Service
SOP	standard operating procedure
SPE	strategic procurement entity
SPS	Strengthening Pharmaceutical Systems
STG	standard treatment guidelines
SUGEMI	Suministros Generales y Mantenimiento Industrial (Single System for Managing Medicines and Medical Supplies)
TRT	Technical Reference Team
UNCoLSC	United Nations Commission on Life-Saving Commodities for Women’s and Children’s Health
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNOPS	United Nations Office of Project Services
UPC	universal product code
USAID	US Agency for International Development
VEN	vital, essential, nonessential
VMI	vendor-managed inventory
WHO	World Health Organization
WiB	Warehouse-in-a-Box™

Introduction

The global burden of disease and death disproportionately affects women and children. A continued emphasis on the provision of proven interventions, such as prevention of neonatal tetanus and treatment of postpartum hemorrhage, is needed to significantly impact maternal, neonatal, and child mortality. To this end, the United Nations Commission on Life-Saving Commodities for Women's and Children's Health (UNCoISC or the Commission) has identified 13 key commodities that are a vital part of these ongoing efforts.¹ If readily available and well-utilized across *Every Woman Every Child* (EWEC) countries, these commodities have the potential to save the lives of over six million women and children.²

To ensure that each of the 13 life-saving commodities are available when and where women and children access care and services, each country requires well-functioning supply chains. Over the last decade, supply chains in low- and middle-income countries (LMIC) have faced enormous challenges in ensuring the effective and sufficient provision of health commodities. Under-resourced health budgets have minimal funding for the distribution of commodities. Population growth, the commodity needs of diseases, such as HIV and malaria, and the large number of new health technologies have all contributed to an increase in the volume of commodities passing through strained supply chains. To make progress and ensure that all of the life-saving commodities are available to every woman and child who needs them, transformational change is necessary to keep up with the growing demand and address challenges stressing the health system.

Despite current challenges, LMICs have made significant progress in improving health supply chains. Vast investments in supply chain management and health systems strengthening have led to significant improvements in commodity management. Governments and their partners have tested and documented many solutions to the unique challenges facing public health supply chains in LMICs. To make the next leap to ensure commodity availability, promising practices and tested solutions should be applied across health sectors and countries.

This series of briefs, commissioned by the Supply and Awareness Technical Reference Team (TRT) of the UNCoISC, aims to share some of the promising practices and tested solutions from EWEC countries. The promising practices in these briefs provide ministries of health and their partners with specific guidance on ways in which other EWEC countries have addressed specific supply chain barriers and challenges. Although the focus of this series is on improving access to the 13 life-saving commodities identified by the Commission, the Supply and Awareness TRT has adopted a holistic approach to in-country supply chain strengthening. A strong supply chain design, as illustrated in the examples and case studies included in this document, supports the availability of all commodities, including the priority commodities named by the Commission.

To identify and organize the promising practices, the Supply and Awareness TRT catalogued the [challenges and barriers along the in-country supply chain](#). In-country supply chains are composed of several domains, all of which are interconnected and dependent on one another to move

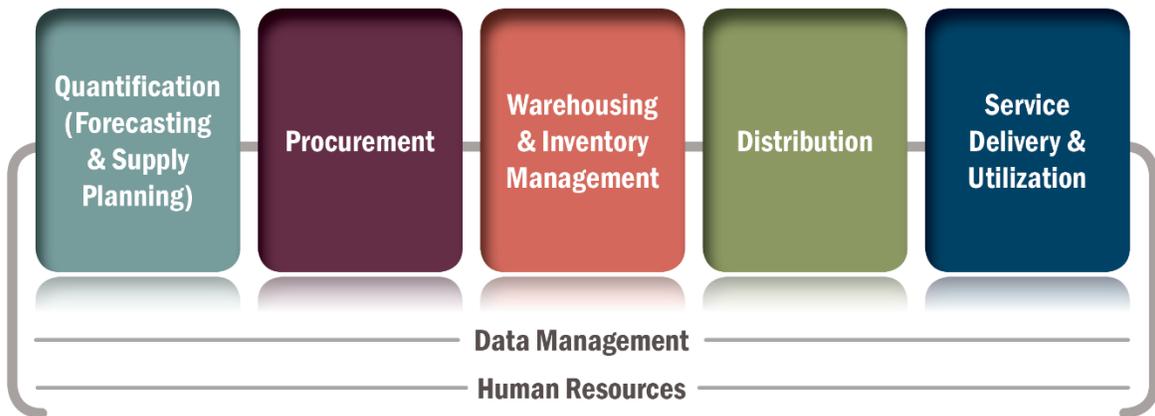
¹ The 13 life-saving commodities for women and children, as defined by the United Nations are: For women: oxytocin, misoprostol, and magnesium sulfate; for neonates: injectable antibiotics, antenatal corticosteroids, chlorhexidine, and resuscitation devices; for children: amoxicillin, oral rehydration salts, and zinc; for reproductive health: female condoms, contraceptive implants, and emergency contraception.

² *Every Woman Every Child. UN Commission on Life-Saving Commodities for Women and Children: Commissioners' Report.* New York, NY: United Nations; 2012.

commodities from a port of entry to the end user. The domains defined by the Supply and Awareness TRT are given in the following diagram:



Although all of these domains are important, this series of briefs focuses on five key domains and two cross-cutting areas, documenting more than 30 proven or promising practices and related case studies. The five key domains were selected based on their importance to in-country supply chain strengthening as well as the information and case studies available to support the proven or promising practices identified by the TRT. The five key domains and two cross-cutting areas are:



Each brief covers a wide range of practices that may or may not be applicable in all contexts or to all health systems. Moreover, the implementation of any or all of the proven or promising practices in a different setting may have limited success if not done in the context of an overall review of supply chain system design and a plan for regularly reviewing and optimizing the supply chain at all levels. While each practice is described separately under a specific domain or cross-cutting area, most have the potential to address barriers that cut across a number of domains. As a result, reviewing and implementing these practices may be most successful when done in the context of a full review of system design and system bottlenecks across domains.

Definitions

This series of briefs has been developed for in-country stakeholders to provide guidance on identifying both *proven* and *promising* practices that may be used to alleviate specific supply chain barriers faced by each country.

Proven practices are those that have objective evidence of success using robust evaluation methods. The TRT looked for wide-ranging metrics of success, such as improved stock-out rates, commodity wastage, patient utilization, profit margins, or performance measurements, which were tested by experimental or quasi-experimental evaluation designs. The definition of proven practice used was:

Proven practice: Interventions with proven outcomes in improving health commodity supply chains in low- and middle-income countries tested using experimental or quasi-experimental evaluation designs.

Recognizing that there are numerous practices in supply chain management that have successfully addressed supply chain barriers but that may not yet have been proven using experimental evaluation techniques, or which may have used different measurements of progress, a list of **promising practices** is also included in this series. While there is no universal or standard definition, a promising practice is generally understood to be a practice that has at least preliminary evidence of effectiveness and is likely to be successful if replicated by others. The following definition was used for this series:

Promising practice: Interventions showing progress toward improving health commodity supply chains in low- and middle-income countries.

Each of the practices included in this series, both proven and promising, has the potential to positively impact the supply chain. Proven practices have additional established evidence that supports their effectiveness. There are a far greater numbers of promising practices in the series than proven practices, likely owing to the difficulty and expense of rigorous evaluation. Not all practices mentioned in this document are appropriate or feasible in all settings. The context of each supply chain should be considered carefully, and monitoring activities, such as looking at key performance indicators or conducting evaluations, may help to determine the strengths and weaknesses of any strategy implemented for supply chain improvement.

Organization of the Promising Practices Series

This series is divided into eight briefs. The first seven briefs are organized by the supply chain domain or cross-cutting area that the promising practice best addresses. The final brief describes the systematic literature review used to identify the proven practices. Due to the integrated nature of supply chains, many promising practices are multifaceted and affect more than one supply chain function. For simplicity, however, the practices are individually highlighted by function or cross-cutting area.

The order of the briefs is as follows:

- Promising Practices in Quantification (Forecasting and Supply Planning)
- Promising Practices in Procurement
- Promising Practices in Warehousing and Inventory Management
- Promising Practices in Distribution
- Promising Practices in Service Delivery and Utilization
- Promising Practices in Data Management
- Promising Practices in Human Resources
- Proven Practices in Health Supply Chains: A Systematic Review

As described throughout the series, there are a number of practices—both large and small—that may help countries improve the e of their supply chains. Strengthening health system supply chains requires both resources and commitment. Changing in-country supply chain designs to optimize efficiency of the resources available requires up-front investment in both resources and time.

The case studies in this series highlight individual country-level efforts to improve medicine availability and access. They provide both context and specific success stories that may help other countries working on supply chain improvement efforts. The series highlights and further supports the need for sharing information among programs, countries, donors, and partners. The lessons learned in one environment often prove to be valuable across multiple contexts. Although no two countries are the same, there are many similarities in commodity needs, resource availability, and barriers that make the sharing of successes and failures useful to others in the field.

As is clear from the literature review, more rigorous evaluation and documentation of the criteria that make the implementation of a new practice successful are needed in this sector. Collecting and sharing practices that have alleviated barriers in limited resource settings with others that may be experiencing similar challenges will help accelerate progress in ensuring that women and children receive life-saving treatments.