# Access to Health Products:
# Supply Chain & Pharmaceutical Care

Capabilities, Experience & Technical Approaches – December 2025

## Introduction to VillageReach

VillageReach brings over 25 years of experience in strengthening primary health care systems to be responsive for under-reached communities. A critical aspect of response systems is to improve equitable access to health products. Our approach is grounded in deep government partnerships, innovation at the last mile and a commitment to efficiency, cost-effectiveness and sustainability. We have provided technical assistance (TA) across Africa, including in Mozambique, Malawi, D.R. Congo, Tanzania, Kenya, Côte d'Ivoire, Nigeria, Angola, Ethiopia and Zambia.

VillageReach is the only global health nonprofit represented on the Interagency Supply Chain Group (ISG) Steering Committee, alongside all major health supply chain donors – the Gates Foundation, Gavi the Vaccine Alliance, the Global Fund, the World Health Organization (WHO), UNICEF, United Nations Population Fund (UNFPA), World Food Programme (WFP) and previously USAID. VillageReach played a key role in defining the ISG 2025 global donor collaboration priorities: supply chain integration, public private partnerships and data sharing and transparency.

As a long-standing Gavi partner, VillageReach has contributed to the design and implementation of Gavi's immunization supply chain (iSC) strategy (including Gavi 4.0, 5.0 and 6.0), served on the iSC2 Supply Chain Steering Committee and represented civil society on the Gavi Board and the Alliance Programme and Policy Committee.

In mid-2025, VillageReach updated its **Access to Health Products Strategy** to align with 2030 organizational goals and address the funding constraints many countries face for medical, vaccine and laboratory supply chains. Our commitment to ensuring availability, affordability, quality, accessibility and rational use of health products directly advances the universal health coverage (UHC) agenda and supports national and global supply chain strategies. Building on a legacy of last-mile impact, the strategy positions supply chains as a core enabler of responsive primary health care and health equity across Africa.

# VillageReach Capabilities and Experience

## STRATEGIC PLANNING

VillageReach partners with ministries of health (MoHs) in Africa to assess supply chain performance and develop strategies that ensure the efficient and effective delivery of life-saving health products to the last mile. We have a proven track record of supporting government in designing and implementing optimized supply chains and building capacity for sustained performance.

The Gates Foundation's Supply Chain Integrators investment to VillageReach (2021-2025) has generated insights relevant across multiple countries, including:

- **Strategic private-sector partnerships** – with transport companies, technology firms and pharmaceutical distributors – can expand reach and improve efficiency of health interventions.
- **Integrated planning and delivery** – unifying budgets, costing, data, information systems and services across health areas, from the community level upward – enhances cost-effectiveness, equity and reliability (see our Integration Framework).
- **Empowered, reform-minded leaders** at national and subnational levels are critical to champion innovation, drive integration and sustain impact.

VillageReach applies these learnings to overcome persistent barriers to equitable access to essential medicines in our focus and partner countries. We offer a collaborative approach with governments to deliver cost-effective, efficient and sustainable improvements that streamline supply chains, strengthen distribution systems, diversify financing options and harness AI technologies — all aimed at improving last-mile access to health products.

VillageReach supported Mozambique's MoH to design and implement an outsourced and integrated supply chain system – for medicines and vaccines – under the Central Medical Store (CMAM, IP). We conducted a landscape analysis for the Expanded Program on Immunization (EPI) to identify opportunities, challenges and risk mitigation strategies as well as collaborated with CMAM, IP. and EPI to create an integration roadmap. Following our USAID-funded Last Mile Supply Chain (LMSC) program, Mozambique stands out for its integrated distribution system, where vaccines are delivered along with all other medical products to health facilities countrywide. As of 2025, VillageReach is supporting CMAM, IP. with a **costing exercise** to evaluate distribution options beyond March 2026, when U.S. Government (USG) funding is expected to end. Mozambique currently outsources distribution to Africa Global Logistics (AGL) and we are assisting the government with a market assessment of third-party logistics (3PL) providers to prepare for potential contract rebidding. Additionally, in October 2025, VillageReach received a grant from the Gates Foundation's Africa Regional Office to support the nationwide **distribution of Family Planning and HIV prevention products**, following the cessation of USG funding for these commodities.

From 2016 to 2020, VillageReach was a core partner in USAID's flagship Organized Network of Services for Everyone's (ONSE) Health Activity, leading supply chain efforts in 16 of Malawi's 29 health districts and supporting the national expansion of the Chipatala Cha Pa Foni (CCPF) health hotline. As part of the ONSE consortium, along with Management Sciences for Health, VillageReach helped deliver an integrated package of Maternal, Neonatal and Child Health (MNCH) interventions. VillageReach strengthened Logistics Management Information System (LMIS) use and data-driven decision making to improve commodity visibility, enable accurate supply planning and reduce stock imbalances (stockouts and overstocks) at all levels. We provided TA for product distribution and redistribution, including at the height of the COVID-19 pandemic and built MoH and district capacity for supply chain supervision and data monitoring, through targeted mentorship. VillageReach also strengthened subnational systems for tracking and distributing key commodities for malaria, family planning and MNCH, and played a pivotal role in the MoH's transition from to a digital LMIS (OpenLMIS) in 2017. Additionally, VillageReach ensured the revitalisation of the Drug and therapeutic committees (DTCs), a pivotal governance structure for commodity resupply processes at health facilities.

In the Democratic Republic of Congo (DRC), VillageReach has led the design and implementation of the Next Generation Immunization Supply Chain (NGCA) program which began in one province in 2017 and has since expanded to 12. The program focuses on network optimization, data system efficiency and strengthening management and leadership. Provinces that benefit from direct vaccine delivery to health facilities consistently demonstrate improved availability of vaccines and other immunization products at the last mile. The NGCA approach was recently expanded to Cameroon, with funding from Pfizer and in collaboration with International Medical Corps (IMC).

In late 2024, VillageReach launched a four-year program in Côte d'Ivoire aimed at improving the availability and accessibility of family planning (FP) products. Funded by the Gates Foundation's Family Planning team, the program which began with a baseline assessment and cost analysis, seeks to strengthen every link in the supply chain including

- optimized product availability, through improved storage, distribution and workforce development;
- digital integration and data visibility to support informed decision-making; and
- sustainability and financing for long-term planning.

Also in late 2024, USAID Kenya awarded one of the first Global Health NextGen Comprehensive Technical Assistance (CompTA) programs to the consortium composed of DAI, VillageReach Pamela Steele Associates and others. However, this USAID program, the Kenya Integrated Pharmaceutical and Supply Chain TA (KIPS) was terminated in January 2025.

## GOVERNANCE & SUPPLY CHAIN LEADERSHIP

VillageReach believes that strong government leadership is essential for sustaining supply chain improvements. We provide TA to enhance planning, coordination, monitoring and oversight – ultimately ensuring equitable access to health products through sustained supply chain performance.

VillageReach supported the establishment of **Supply Chain Technical Working Groups** in Liberia, including at the county level, and of the **national and provincial Logistics Working Groups** in Mozambique. We also helped create technical committees with clear terms of reference (ToR) to reduce duplication and ensure policy alignment. In Malawi, we supported development of **Community Action Groups** and **Health Center Medicines Committees** and revitalized **Drug and Therapeutics Committees** (DTCs) across 16 districts. This included developing ToR, coordinating monthly meetings and reinforcing these multidisciplinary governance structures, which are essential for overseeing medicine resupply decisions and other supply chain policies.

In DRC, VillageReach designed and implemented the Supply Chain Investment Coordination and Advocacy (SCICA) model – a government-led solution to manage and coordinate supply chain investments and programs. SCICA improves overall supply chain performance by aligning donor and government supply chain investments with national priorities and targeting country-specific challenges.

VillageReach has also facilitated the training of two cohorts from the DRC MoH through the Strategic Training Executive Program (STEP 2.0), which is designed to strengthen the management, collaboration and leadership capacity of health supply chain managers and cadres.

## PRIVATE SECTOR ENGAGEMENT

VillageReach identifies opportunities within the public health system where private sector capacity can add value. We assess and engage capable firms and facilitate collaboration between public and private sectors to develop sustainable solutions that improve access to health products.

In DRC, VillageReach has worked with the MoH, the Regulatory Authority (ACOREP) and private sector firms to increase participation of certified local pharmaceutical distributors in the public health system. This effort aims to reduce bottlenecks and improve the delivery of quality health products to public hospitals and health facilities. We developed a *Directory of DRC Certified Pharmaceutical Manufacturers and Distributors* and facilitated collaboration

agreements between provincial governments and distributors to ensure efficient and high-quality orders and delivery. To further support selected certified distributors, we recently launched an initiative to improve their working capital management. The private distributors work is supported by the Vitol Foundation. Also in DRC, VillageReach helps in identifying, evaluating and contracting private transporters through the **Transport Quality Improvement Program**. We are working with several provincial distribution centers to implement a management approach that increases the quality of transportation services based on WHO Good Distribution Practices.

In the **LMSC program** in Mozambique, VillageReach introduced outsourced and integrated transportation of health commodities to health facilities countrywide. We managed contracts with two fourth-party logistics providers (4PLs) – Agility and Bolloré – covering all eleven provinces. Our work included aligning planning cycles and operational practices of Provincial Health Directorates with private sector transporters, identifying cost-reduction opportunities and building government capacity to manage private sector partnerships.

## SUSTAINABILITY, COSTING & FINANCING

VillageReach brings strong expertise in health financing, economics and costing to ensure that supply chain solutions are designed, implemented and scaled with a focus on affordability, efficiency and sustainability. Our experience spans costing and economic evaluation, cost-effectiveness analysis, ingredient costing and activity-based costing – generating evidence on the financial and economic implications of supply chain programs. By linking costs to outputs and outcomes, benchmarking across delivery models and identifying cost drivers, we provide actionable insights to optimize supply chain operations. These analyses help ensure that limited resources are deployed effectively to improve access to health products.

In Côte d'Ivoire, VillageReach is supporting the MoH to strengthen the FP supply chain across 56 health districts – representing over half of the country. This four-year program includes baseline and endline **activity-based costing** to inform the development of a sustainable financing strategy and transition plan, ensuring continued support for FP services beyond the program's timeline. Baseline costing was completed in 2025, with endline in 2027.

As part of the initial NGCA program implementation in DRC, VillageReach conducted a pre-post study to compare the iSC costs before and after the introduction of the optimized model in Equateur province. The study revealed a **34% reduction in supply chain costs**, largely driven by a 48% reduction in transportation costs due to streamlined deliveries directly to health facilities.

In Mozambique, VillageReach partnered with the MoH and USAID to implement outsourced transport solutions and apply a cost management approach under LMSC. By capturing operational cost data each month for a monthly cost variance analysis, stakeholders could continuously examine cost variations. In one province, the total cost per cubic meter decreased from $141 to $73 following implementation of the transport cost management approach. Quarterly joint performance reviews further supported streamlined processes and continuous cost improvements.

VillageReach also led a multi-country initiative to systematically track and compare iSC costs and performance at the subnational level. Using a **standardized benchmarking approach**, we conducted detailed activity-based costing in Ethiopia, Nigeria and Mozambique to inform more accurate budgeting and identify opportunities for efficiency gains.

In Mozambique and DRC, VillageReach conducted **economic analyses** to assess the costs and cost-effectiveness of drone transportation for specimen referral systems and iSC. These studies not only produced cost metrics, but also informed high-level government and partner discussions on the financial feasibility of scaling drone use – **positioning evidence directly within national decision-making processes**.

In DRC's Equateur province, VillageReach supported efforts to secure funding for last-mile vaccine and health product distribution. Faced with limited budget allocations, we engaged members of the Provincial Parliament to mobilize domestic resources and reduce reliance on national budgets and external funding. In 2019, Equateur finalized the

**first-ever law on sustainable health financing**, enabling the province to mobilize **domestic resources** earmarked for health.

VillageReach developed a detailed **cost model** for the electronic Logistics Management Information System **(eLMIS)**. This model generated evidence on the financial requirements and cost drivers for scaling and sustaining the system. It provided a structured approach to estimating both startup and recurrent costs across different levels of the supply chain and highlighted the resources needed to institutionalize eLMIS within government systems. By pairing cost data with cost-effectiveness or cost-utility analyses, governments can make data-driven decisions that balance affordability with impact—ensuring long-term value from digital health investments.

In Mozambique, VillageReach conducted a **financial flows study** to better understand barriers to reliable financial flows for well-functioning iSC. Through key informant interviews, the study assessed the disbursement of Gavi Health System Strengthening funds and offered suggestions for improving fund disbursement.

Since 2023, under the 15-country Polio Lab Sample Transport (PLST) program funded by the Gates Foundation, VillageReach has completed three rounds of **costing analysis across various public and private transport** models. Findings from the third round will be presented at the Global Health Supply Chain Summit in November 2025. A fourth round of costing, focused on integrated specimen referral systems, is planned for early 2026 in three countries.

## FORECASTING AND SUPPLY PLANNING

VillageReach strengthens national forecasting and supply planning (FSP) systems to ensure the reliable availability of medicines, vaccines, medical supplies and other essential health products. Our TA focuses on improving data visibility, building sustainable government capacity and applying innovative and demand-driven approaches that enable agile and equitable decision-making. We actively participate in the national supply chain TWGs and annual quantification exercises.

As the supply chain lead for the USAID ONSE program in Malawi, VillageReach helped revitalize DTCs across 16 districts, which oversee monthly distribution plans for all health products to health facilities. We also introduced the **Pharmacy Assistant (PA) Mentorship Program,** which empowered Health Surveillance Assistant (CHW) supervisors to make informed decisions at the community level and manage inventory more effectively.

In Liberia, VillageReach supported the MoH Supply Chain Management Unit (SCMU) to develop and adopt **National Quantification Terms of Reference** and **Standard Operating Procedures** (SOPs), improving quantification practices and reducing stockouts. During the COVID-19 pandemic, we also supported Liberia and other African countries in rapidly forecasting national PPE needs for CHWs as part of the COVID-19 Action Fund for Africa (CAF-Africa).

In DRC and Mozambique, VillageReach leads the Immunization Collaborative Supply Planning Strengthening project, which aims to improve the quality and use of immunization data for more responsive FSP. This includes building the capacity of EPI personnel to apply alternative planning approaches that better reflect community needs and reduce inequities in vaccine access. Under the **Vaccine Collaborative Supply Planning (VCSP)** initiative with JSI, we supported Malawi's EPI to advance vaccine forecasting practices.

## SUPPLY CHAIN INFORMATION SYSTEMS

VillageReach works with MoHs to design supply chain logistics and information systems that ensure the reliable availability of quality health commodities. VillageReach helps develop, procure, deploy and manage digital systems that enable robust data management, promote adherence to data standards and ensure interoperability with other systems. These systems leverage data and analytics to improve supply chain and pharmaceutical management.

VillageReach was the lead and founding architect of OpenLMIS, which is used by over 13,000 health facilities. We also co-developed the Product Catalog Management Tool (PCMT), which is in use in five countries and utilized by two

global organizations (Reproductive Health Supply Coalition and WHO). Both OpenLMIS and PCMT are recognized as global goods and are OpenHIE reference technologies.

Our support for the implementation of OpenLMIS, PCMT and other digital supply chain tools spans more than 10 countries. In Mozambique, VillageReach implemented the Electronic Vaccine Logistics System (SELV), based on the OpenLMIS platform. We provide ongoing TA to Mozambique's EPI and its TWG to realize a unified, integrated vaccine logistics system. This includes strengthening stakeholder collaboration and ownership, enhancing user capacity, decentralizing technical support, improving data visibility and driving system adoption. Our efforts have led to significant improvements: health facility stock reporting rates increased from 65% to 92%, with 100% reporting consistently achieved at provincial and district levels. Automated workflows, real-time dashboards and system-generated proof of delivery have reduced administrative burden and enhanced operational responsiveness. VillageReach has supported the design and deployment of digital solutions to manage community-level supplies in both Liberia and Kenya, and led the collaborative development of high level requirements and best practices for CHW supply chain tools.

Similar OpenLMIS deployments in Malawi and Tanzania have achieved over 90% reporting rates and transitioned to full government management. In Tanzania, under the **USAID Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM)** program, VillageReach **led the Management Information Systems workstream**, enhancing the national eLMIS by documenting and responding to emerging requirements, upgrading system functionality and improving interoperability with other systems. We also built national capacity for system maintenance and transitioned the hosting of the eLMIS to National Information Data Center (NIDC) and supported the rollout of the national **product catalogue** across mainland Tanzania and Zanzibar.

In Malawi, VillageReach supported the national **rollout of OpenLMIS** and **PCMT**, as a subcontractor to GHSC-PSM. OpenLMIS now handles logistics management, monthly reporting and ordering for most health products, including medicines, vaccines and lab commodities. Our TA for PCMT included system set up/configuration, product data structuring, data collection/cleaning, SOP development for master data management and user training.

**In Côte d'Ivoire**, we are supporting the rollout of **mSupply** and **integrated dashboards** used by the Pharmacy Directorate and MoH programs for decision-making; the system includes a built-in AI-powered forecasting module, enabling more accurate and responsive supply planning.

Beyond supply chain systems, VillageReach has deployed digital solutions for lab sample transport, including centralized referral notification systems and geolocation/temperature tracking tools to monitor sample quality and identify transportation bottlenecks in real-time. We have also implemented digital registries that link individual-level service data to supply and performance indicators, i.e. the Electronic Child Registry (ECR) in Mozambique and the mVaccin immunization registry in Côte d'Ivoire.

## DATA ANALYTICS & PERFORMANCE MANAGEMENT

VillageReach promotes a culture of supply chain data use and instills the skills and behaviors necessary for data analysis and decision-making. We address technical, behavioral and organizational factors to enable data-driven decisions, strengthening systems with robust analytics and intuitive, visually compelling dashboards that integrate diverse datasets. VillageReach's behavior change experience supports the development of tools that make data use the norm within governments: establishing data review teams at national and subnational levels, identifying local data champions, improving decision-making processes and building capacity for data analysis and use.

VillageReach has institutionalized structured, government-led **data review and feedback loop processes** that transform data into coordinated, responsive action. Through the **Visibility and Analytics Network (VAN)** in Mozambique and Nigeria, regular review meetings brought together EPI teams to analyze key performance indicators, identify root causes and develop targeted action plans. These sessions incorporated built-in feedback loops, using dashboards, action

trackers and cross-level communication channels, to monitor progress, share lessons and ensure accountability, contributing to a reduction in vaccine stockouts from 36% to 5% in Mozambique.

In Tanzania, the **IMPACT Teams** initiative strengthened this approach, reaching more than 2,300 health workers through mentorship and data-use training, and embedding continuous feedback and performance review mechanisms within government systems. VillageReach also led the development of the **National Supply Chain KPIs manual** and facilitated performance review meetings with the MoH and other stakeholders. In Zanzibar, VillageReach led the development of Supply Chain Performance Monitoring Plan (PMP) and supported the implementation of PMP review meetings.

In Malawi, VillageReach collaborated with GHSC-PSM in providing TA for and participating in **Data Quality Assessment (DQA) exercises** to determine the quality of data submitted through LMIS, to ensure that data represents a true reflection of the product stock and consumption levels in health facilities. Based on these DQAs, recommendations and mitigation plans were implemented to improve data quality.

## INVENTORY MANAGEMENT

VillageReach strengthens inventory management systems to ensure health commodities are properly stored, tracked and delivered – especially at subnational levels (e.g., province, district, health facilities, community health workers). Our approach focuses on improving data use, expanding storage capacity and building local skills to reduce losses and stock imbalances.

Under USAID's ONSE program, VillageReach trained health facility staff across 16 districts to proactively manage inventory risks and supported redistribution efforts that moved nearly **5 million units** of health products to prevent stockouts and overstocks.

In Liberia, we partnered with the national Supply Chain Management Unit to train county and health facility staff in LMIS and inventory management, complemented by structured mentorship. We also developed **SOPs for Last-Mile Warehousing,** improving storage conditions, and ensuring product potency and safety.

In the DRC, through the **NGCA** program, VillageReach strengthened inventory management across 12 provinces, providing ongoing technical assistance to monitor vaccine availability, assess consumption trends, and identify cold chain equipment (CCE) gaps and loss rates to inform targeted improvements.

## DISTRIBUTION & TRANSPORTATION

VillageReach supports Ministries of Health in overcoming distribution and transportation challenges, such as costly vehicle fleets and difficult terrain – by introducing efficient, context-appropriate solutions, including outsourcing to third party logistics providers (3PLs) to improve reliability and responsiveness in low-resource settings.

In Mozambique, VillageReach partnered with the MoH and USAID to implement outsourced transportation nationwide, integrating medicines, vaccines and other health products under the Central Medicine Stores (CMAM). The **LMSC program** demonstrated that integrated outsourced delivery can work at scale, achieving 99% on-time deliveries and 99.5% full order fulfillment. Under the follow-on USAID **CHEGAR** program, VillageReach continued performance management of the private transport firm, Africa Global Logistics (AGL), until early 2025.

In the DRC, through the **NGCA program**, VillageReach and the Provincial Health Division introduced direct delivery to health facilities using optimized routes and appropriate transport (boats, motorcycles, drones). This reform reduced stockouts from 90% to 0%, increased vaccine consumption by 22%, and cut supply chain costs by 34%.

In Liberia, VillageReach collaborated with the SCMU and Community Health Services Division to design a kit delivery system for Community Health Workers (CHWs), increasing product availability by over 50% and reducing transport costs by 70% by shifting from bi-weekly to quarterly deliveries. This kit system has been scaled countrywide in Liberia.

As supply chain lead for the COVID-19 Action Fund for Africa (CAF-Africa), VillageReach coordinated personal protective equipment (PPE) supply and distribution plans across 18 countries, leveraging free cargo flights from the WFP. In **Malawi, Mozambique, DRC and Liberia**, we managed the reception, warehousing and delivery of 15 million PPE units for CHWs to public, private and faith-based service points using private logistics providers.

Between 2019 and 2024, VillageReach implemented robust Drone for Health programs in Malawi, Mozambique and DRC, in collaboration with private drone service providers, national and local health departments, civil aviation authorities, health facilities and communities. These bidirectional drone operations transported a wide range of health products – both routinely and on-demand – to hard-to-reach areas. Deliveries included medicines, vaccines and medical supplies, with return flights carrying lab samples and reports back to health district offices. VillageReach also served as the secretariat of the UAV for Payload Delivery Working Group, contributing to global knowledge-sharing and coordination in drone-enabled health product delivery. In all countries of implementation, VillageReach conducted in-depth process and outcome evaluations as well as cost analyses. In Malawi, as part of a USAID Development Innovation Ventures (DIV) grant, VillageReach conducted an extensive baseline assessment of the health supply chain in the most remote health facilities, in collaboration with IDinsight and the MoH.

Under our **laboratory sample transport programs**, VillageReach led the development, negotiation and performance management of over 15 contracts with private transporters in 11 provinces in the DRC, 3 contracts in Malawi (with Riders for Health, SPEED Courier, and currently G4S) and with Africa Global Logistics (formerly Bolloré) in Mozambique. Our partners and subcontractors in Guinea (FHI 360), Niger (Davycas), Tanzania (CIHEB), Nigeria (CHFA), Chad (ASRADD), Angola (CUAMM) and Kenya (MoH EOC team) also signed contracts with private transporters – some of which established nationwide networks, as seen in Guinea, Niger and Chad. The introduction and scaling of local transporters, even at the last mile, has proven to be one of the most impactful interventions for improving the timeliness of lab sample transportation.

## WORKFORCE DEVELOPMENT

VillageReach brings over 25 years of experience in building workforce capacity across all levels of the supply chain. At the management and leadership level, we leverage strong trusted relationships with MoH to build supply chain leadership capacity, as well as deploy programs, such as STEP 2.0. We design and implement tailored training programs to strengthen technical skills, partnering with organizations like HELP Logistics and Empower School of Health. We also advocate for the integration of CHWs into national supply chain systems and are active members of the Community Health Impact Coalition (CHIC).

In Malawi, we created and scaled the Pharmacy Assistant Program with the Malawi College of Health Sciences to address a critical shortage of pharmacy personnel. This two-year certificate program trained and deployed a new cadre of facility-based staff to improve product and data management and reduce the logistics burden on clinical staff. Funded by USAID for over 6 years (through USAID DELIVER and GHSC-PSM), the program led to improved dispensing quality, better data use, and stronger health facility performance.

VillageReach is a global advocate for **supply chain workforce professionalization**, applying the People that Deliver theory of change across many aspects of our work, including the last mile supply chain in Liberia. We serve on the global board of the **International Association of Public Health Logisticians (IAPHL)**, contributing strategic guidance on initiatives and funding for workforce development.

In recent years, we have been building country-based programs to improve supply chain educational and career pathways, such as this example in Mozambique where we created the first Bachelor's degree in health logistics.

Through our Supply Chain for CHWs program in Kenya, we developed a commodity management training module for CHWs, which has been widely adopted and integrated nationwide as a standard requirement. With CHU4UHC, we also brought together government agencies to align policies governing community-level supply chains, contributing to

the development of SOPs and the Health Products Strategy for the community distribution. A similar program in Liberia showcased efficiencies, national policy changes and improvement in CHW capacity to manage commodities.

## Summary

VillageReach partners with governments to design and deliver responsive supply chains that ensure equitable access to health products for all communities, including those in the hardest-to-reach areas. Our capabilities span the full supply chain system—from forecasting and planning to transport and logistics, digital solutions, governance, financing, private sector engagement and workforce development—grounded in data, community insights and technical expertise. With proven impact across Africa and beyond, VillageReach builds sustainable country-led systems that improve product availability, strengthen resilience to shocks and advance universal health coverage.