

Global Health Supply Chain 2035 Preparing for the Next 20 Years

Edward Wilson, JSI Chris Wright, Brian Serumaga, James Rosen Dakar, Senegal





JSI: Over 30 years of experience in health supply chain management (SCM)



Logistics projects in Africa, Asia, Latin America, the Caribbean, Eastern Europe, and Furasia.



Have won over 20 SCM projects 2015 alone. Portfolio of over 125 **SCM projects** in over 100 countries over three decades.



From end-to-end: Working along the supply chain from manufacturers to beneficiaries—the women, men, and children in every community who have a right to better health.



Major clients include:

- Bill and Melinda Gates Foundation
- Department of Defense
- Gavi, the Vaccine Alliance
- Global Fund to Fight AIDS, **Tuberculosis and Malaria**
- United States Agency for International Development
- United Nations Children's Fund
- United Nations Population Fund
- World Health Organization
- Other country governments, NGO's and private companies. John Snow, Inc.

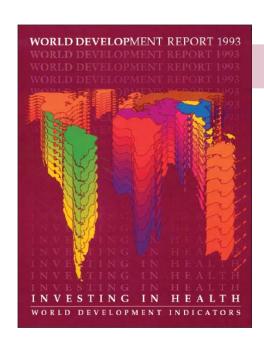


Integrated approach: Building strong relationships with the commercial sector, civil society, academia, and the donor & multilateral community.





Background The Business Case for Investing in Health



Half of health improvements between 1960 – 1990 in LMICs were due to changes in income and education.

These determinants affect health:

- poor nutrition
- sanitation
- other risk factors







THE LANCET

Global health 2035: a world converging within a generation

Dean T Jamison*, Lawrence H Summers*, George Alleyne, Kenneth J Arrow, Seth Berkley, Agnes Binagwaho, Flavia Bustreo, David Evans, Richard G A Feachem, Julio Frenk, Gargee Ghosh, Sue J Goldie, Yan Guo, Sanjeev Gupta, Richard Horton, Margaret E Kruk, Adel Mahmoud, Linah K Mohohlo, Mthuli Ncube, Ariel Pablos-Mendez, K Srinath Reddy, Helen Saxenian, Agnes Soucat, Karen H Ulltveit-Moe, Gavin Yamey





Four Key Messages

A grand
convergence in
Health is
achievable within
our lifetime

The returns from investing in health are extremely impressive

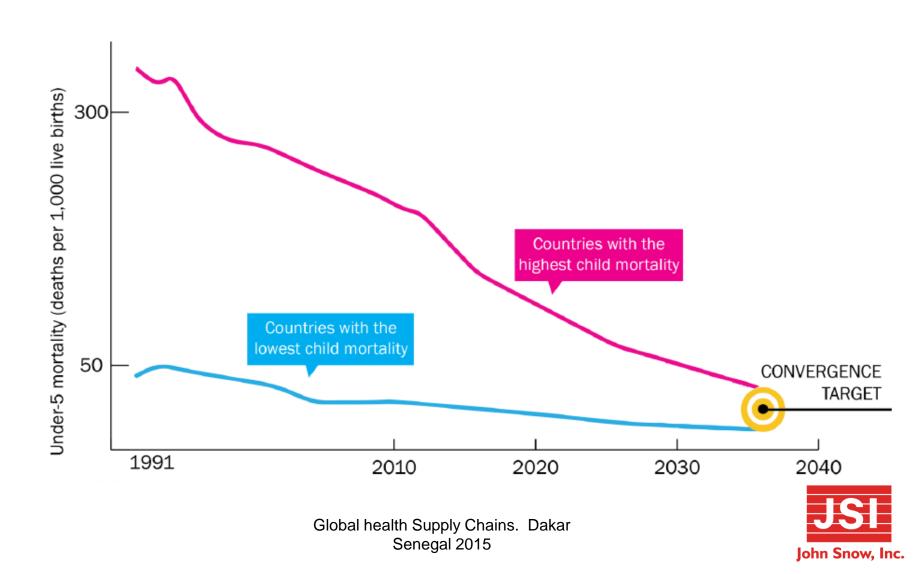
Fiscal policies
are a powerful,
underused lever
for curbing NCDs
and injuries

Progressive pathways to UHC are an efficient way to achieve health and financial protection



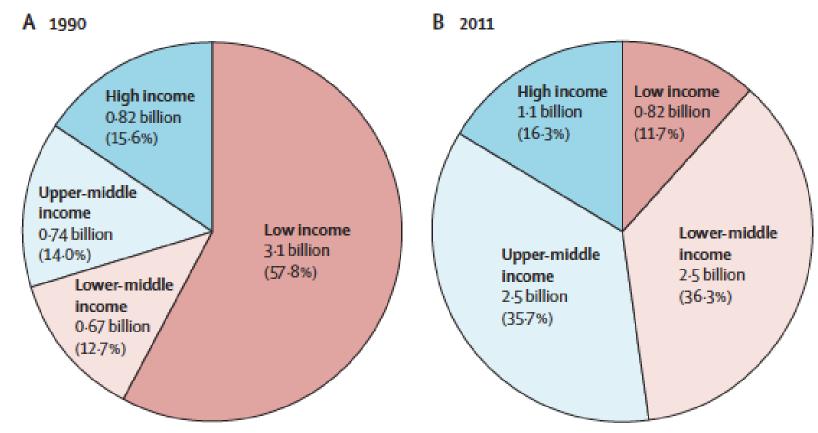


Grand Convergence





Progress Over Two Decades







Implications for Public Health SC

- 1. Continued economic growth in low- and middle-income countries will enable increased investment in health.
- 2. Insurance will be a primary tool in achieving universal health coverage (UHC) in low- and middle-income countries.
- 3. Public health services will focus on serving the rural and urban poor.
- 4. Non-communicable diseases (NCD) will dominate disease burden.





Impact on Key SC Areas













Accountability to the public







The Future State: In 2035...UHC





Universal health coverage insurance schemes will encourage and enable the private sector retail pharmacy market (and private health services) to expand, especially in urban and peri-urban areas to leverage market concentration.



Drug regulatory authorities will be better able to ensure **quality**.





The Future State: In 2035...Financing



As more countries achieve middle-income status and are more able to self-finance their health services and systems, donor funding (grants and in-kind) will be **focused** on fewer low-income countries, on emergency response, and on health delivery innovations.



Insurance schemes will fund a large portion of the supply chain.





The Future State: In 2035...Last Mile



Public health supply chains will re-focus on serving rural communities, which will be more accessible thanks to better road infrastructure and internet connectivity.



Transport will leverage **alternative fuel** technologies as well as low-cost autonomous **drones** for reaching remote locations, and new *Uber*-like **distribution** mechanisms.





The Future State: In 2035...Info Systems



Enterprise technology architecture will integrate LMIS data with patient records and financial systems, automating resupply and payments.



Biometrics will be used to validate client identities, adherence, rational use, etc.





The Future State: In 2035...HR

Human resources for supply chain management will still be a challenge, at least in the public sector, but...



Outsourcing, vender-managed inventory, direct delivery from venders, and private pharmacy retailers will be commonplace and mitigate the HR challenges.



Supply chain leaders will be seen as **essential senior management** within ministries of health.



Supply chain cadres will have clearly defined competencies and career paths.





Preparing for the Future

For public health supply chains to **evolve**, the people who support and work within them must also evolve with command of—

- health financing
- insurance formularies
- health informatics
- risk management
- business reengineering

- market segmentation
- pharmaceutical markets & regulation
- human resource management

We need a **broader** perspective, a broader set of skills, and a broader network of partners.























