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Significance of Country Ownership in accessing funds to Strengthen Health Supply Chain

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Objective

To highlight the Global Fund experience on importance of country ownership in applying an integrative approach to define, secure funds and implement supply chain strengthening strategies



Context

- Demand increasing continuously (treatment scale-up, change in guidelines, new diagnostic technologies, expansion of health centers, increased access to care, adherence support etc)
- More volumes to manage within the existing capacity of (often obsolete) supply chain systems = increased complexity and responsibility!
- Multifaceted landscape of stakeholders within MOH and across partner organizations
- Support for SC systems usually an afterthought! Lab SC not acknowledged but access to lab services/commodities equally important.



Global Fund specific context

- Global Fund: 3,1 bn disbursed to countries in 2015 globally; the largest proportion spent on health products for prevention, diagnosis and treatment.
- Investments in management of health products are embedded in grants (operational costs, infrastructure upgrade, LMIS, trainings...) but results reported per disease component (i.e. # of people diagnosed, treated...)
- GF approach to supporting SC systems non-prescriptive, tailored by country and flexible
- Some countries prudently used HIV, TB, Malaria as entry points to strengthen the supply system for all essential commodities



What we see in countries

- SC is often considered fragmented and inefficient in generic terms.
- The positive developments, efforts and innovative solutions of medical stores to ensure continuous availability of commodities remain largely underappreciated
- Impressive gains made in the last few years in improving infrastructure and integration of vertical programs and coordination mainly in large portfolios.
- Countries reaching more maturity in SC demonstrated change in the CMS leadership mindset and political commitment to modernizing SC operations
- Different dynamics and level of support/TA on SC in countries. Big difference between countries with significant partner support vs. less
- Lab SC is most of the time forgotten or addressed separately



GF funding landscape

- Until 2015 grant application rounds without defined limit to request \$
- Since 2015 New Funding Model imposed country specific \$ ceiling (funding envelope) requesting countries to apply best available evidence to prioritize high impact interventions based on National Strategic Plans for diseases
- Funding request is a country owned/led consultative process.
- Increased complexity in SC operations not necessarily visible among many competing priorities and within the defined funding envelope.
- Countries with ambitious ART scale-up plans at risk to exclude the support to SC on which program results directly depend



The approach taken in seven countries with high GF investment

- In selected countries where GF funding on commodities is significant and impact is high a more focused approach was used to prepare countries for the funding period 2015-17
- 7 countries (30% of GF investment) were advised to develop/update National SC Strategy and prepare costed implementation plan
- Face-to-face regional consultative meetings held with leaders of SC from these 7 countries.
- In-country extensive consultations among key SC stakeholders held to make an investment case
- Other in-country stakeholders outside of the supply chain and medicines regulatory functions were advised to include representatives of the supply chain in consultations and in **grant writing team**.
- CCMs advised to include SC support in funding request to GF



Result

By mobilizing timely and effectively key in-country stakeholders, the importance for investing in SC strengthening using Global Fund resources was elevated, resulting in around USD 70m allocated for investments in SC (including lab SC) across the seven portfolios (disease specific and HSS grants), in addition to the operational costs.



Lessons learned

- A National SC Strategy is essential for any funding request.
- Implementation plan, costing and prioritization is a very extensive exercise making absorption of funds difficult.
- Evidence to make the case for investment in health supply systems is not easily available, accessible or updated.
- Lack of agreed metrics to measure SC improvements and impact of investments remains a challenge.



Key success factors

- Timely engagement (as early as possible) of key SC stakeholders in the consultative process
- Functional SC Coordination groups are vital to ensure national oversight and ownership
- Technical Working sub-groups to prepare investment case
- non-SC stakeholders must be engaged simultaneously to understand the scale of operations required to enable programs achieve results.
- A simple communication strategy is important to ensure inclusiveness and avoid work in silos
- All points above will ensure political buy-in which is “make or break” of the deal



Thank you

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