





Lessons from Myanmar

Building a Strong Supply Chain from the Bottom Up: Making Supply Chain Management a Priority

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The backbone of the Reproductive Health Commodity Logistics System

Processes



Data



People



Data-driven resupply system Real time visibility generated from an automated LMIS Multilevel Quality Improvement Teams



8,000 health staff in 9 **states** and **regions** are trained on the Reproductive Health Commodity Logistics System



"The data in the automated system helps show the difference between my thinking and reality; I always thought male condoms were overstocked, and yet nov I see stock outs in many facilities for these products."

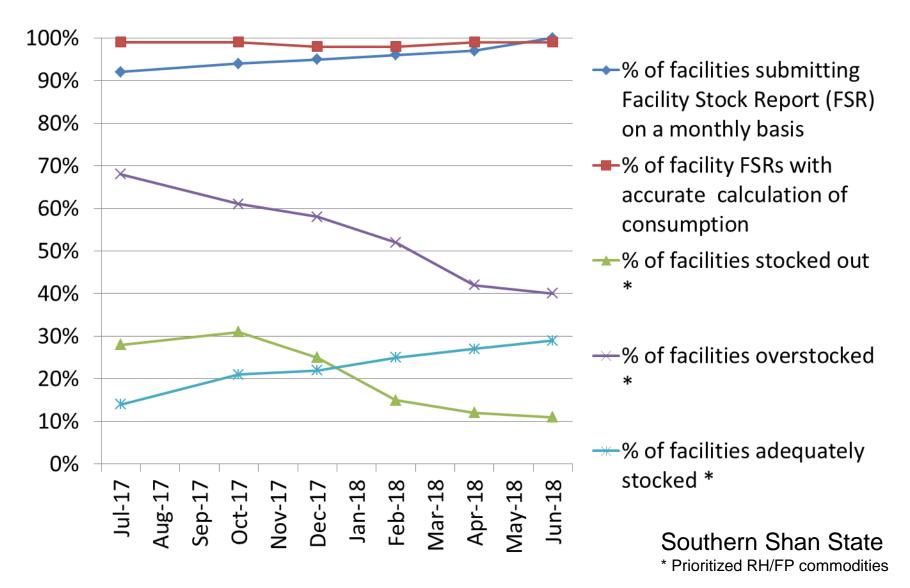
> Senior Health Official, Regional Office



Quality improvement teams introduce a process for reviewing data for decision making

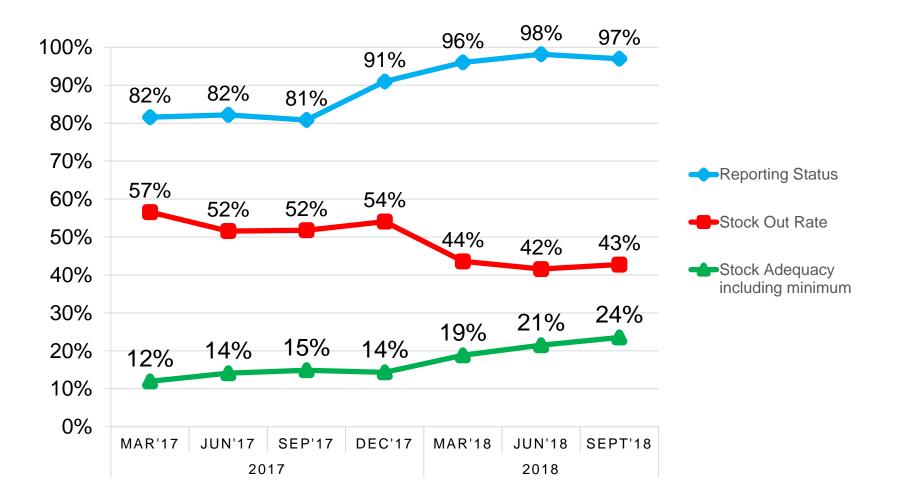


RHC LS with QITs improve supply chain performance





Significant improvements in supply chain performance





National policies have challenged efforts to change supply chain

Current national policy to allocate ("push") health commodities is at odds with the establishment of RHC LS "pull" resupply based on real-time logistics data.





Success at lower levels has influenced Central MOHS

Data about improved product availability at health facilities has sparked central MOHS interest in national supply chain improvement.





Supply chain advocacy is paying off

MOHS now...

- Recognizes importance of LMIS and data visibility
- Appreciates cost savings brought by more efficient management of health products
- Discussing changing the national policy on inventory management, moving from allocation to resupply informed by data



Lessons Learned

- 1. Use quick wins with strong evidence to promote proven solutions and engage central level policymakers
- 2. Engage central-level policymakers early in the implementation to align national policies that support supply chain strengthening interventions





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