STRONG SUPPLY CHAINS - A KEY INVESTMENT FOR CHOICE, HEALTH AND HUMAN RIGHTS

What governments in Eastern Europe and Central Asia can do to ensure a steady supply of health commodities for universal health coverage
Introduction

Governments across the globe are increasingly under pressure to deliver health care that maximizes scarce resources and provides optimal health outcomes for their populations. Providing comprehensive health services, including sexual and reproductive health care and family planning, is one of the best investments governments can make to achieve the 17 Sustainable Development Goals (SDGs). Money spent on sexual and reproductive health, including family planning services, can reduce the cost of maternal and newborn health care (High Impact Practices in Family Planning 2018); avert unintended pregnancies, unsafe abortion and resulting complications; and help prevent the transmission of HIV and other sexually transmitted infections. According to the World Health Organization (WHO), if all women who want to avoid a pregnancy used modern contraceptives and all pregnant women and newborns received care according to WHO standards, the impact by 2030 would be dramatic. Compared with the situation in 2014, there would be a reduction in unintended pregnancies by 70 percent; abortions, by 67 percent; maternal deaths, by 67 percent; newborn deaths, by 77 percent; and transmission of HIV from mothers to newborns would be nearly eliminated. The return on this investment would be an estimated US$120 for every US$1 spent (Every Woman Every Child 2015). Universal access to family planning would enhance economic sustainability, reduce inequality and mitigate the risks of climate change.

Ending unmet need for family planning is one of three transformative results, in support of the SDGs, that UNFPA envisions by 2030 (see Figure 1). A lower unmet need can also help achieve the other two transformative results.

Figure 1: Universal and people-centred transformative results.

Implemented through:
UNFPA “bull’s eye” for three consecutive strategic plan cycles

Enabled by:
Evidence and population expertise

Focusing on:
Empowerment of women and young people, especially adolescent girls

Delivered in:
Humanitarian and development settings

Source: DP/FPA/2017/9
A public health supply chain is a network of interconnected organizations or actors that ensures the availability of health commodities for the people who need them.

Pursuit of better health outcomes requires a steady and sustainable supply of health commodities that covers a broad range of products. While many governments in low- and middle-income countries have increased financing and improved procurement of contraceptives and other reproductive health commodities, investments in the broader supply chains that deliver these commodities to people often lag behind. As a result, even when there are products in central warehouses, stock-outs may occur at health facilities, or products may expire in warehouses because of a lack of an integrated supply chain management system, including financing and trained human resources. Investing in and strengthening supply chains is therefore as critical as procuring contraceptives and other commodities.

Countries should include supply chain management in their strategic plans and financing schemes. To guarantee health coverage in both stable and unstable times, they must invest in building integrated and resilient health supply systems managed by skilled, effective leaders.

This brief suggests what governments in the Eastern Europe and Central Asia region can do to build supply chains that support commodity availability from the very top of the supply chain, where goods are manufactured, to the last mile, where people receive their health services and supplies, and it explains why protecting the right to access services and supplies is especially important in a rapidly changing world.

Access to Health Commodities in the Eastern Europe and Central Asia Region

Countries must build resilient systems that can withstand shocks and respond to crises, such as the current COVID-19 pandemic. The pandemic has exposed significant weaknesses in global and national supply chains and markets. Crises introduce major volatility and demand fluctuations into systems. With more frequent and longer-lasting humanitarian crises across the world, countries must be prepared to respond efficiently to emergencies, which requires significant additional efforts in forecasting, monitoring, resource mobilization, service provision, commodity prepositioning and distribution, and collaboration across an extended set of partners that participate in disaster preparedness and response. Strategically coordinated approaches that build stronger health systems and more flexible supply chains can help systems and communities become more resilient so they do not collapse when emergency strikes.

Countries cannot achieve the Sustainable Development Goals by 2030 without building resilient supply chains that get essential commodities to the people who need them, providing quality services and ensuring proper counselling. And yet countries have
experienced challenges with overstocks and understocks, as well as products being wasted because of poorly functioning national supply chains, particularly due to a lack of effective logistics management information systems (UNFPA 2017). Limited access to affordable sexual and reproductive health care and, in particular, family planning services, including few options for obtaining modern contraceptive methods, provided consistently by ministries of health and/or other public and private outlets, is one of the key reasons for the low rates of contraceptive use in the region (International Planned Parenthood Federation 2016). The *State of World Population* report illustrates the low modern contraceptive prevalence rates in the region (UNFPA 2021) (see Figure 2).

**Figure 2:** Contraceptive prevalence rates (%), among all women aged 15–49, per country/territory in Eastern Europe and Central Asia.

Building a resilient, well-functioning health supply chain is no easy task, but it can pay off in the form of efficiencies and an ability to respond quickly to a changing environment in the long run. The process requires long-term commitment from policymakers and national ministries of health. It requires sustained investment and capacity-building at all levels of the health system, as well as coordination across levels and sectors that are part of the chain. With a comprehensive strategy and sustained commitment, however, countries can achieve commodity security and ensure that women and men can access family planning methods of their choice and other life-saving commodities.

In the Eastern Europe and Central Asia region, three countries—Kyrgyzstan, Tajikistan and Uzbekistan—have made commitments to the UN’s Every Woman Every Child
movement in an effort to implement the UN’s Global Strategy for Women’s, Children’s and Adolescents’ Health in support of the Sustainable Development Goals (UNFPA 2017). The Government of Kyrgyzstan has committed to ensuring that 100 percent of the population of reproductive age has access to at least three modern contraceptive methods. Tajikistan has committed to ensuring the allocation of funds from the state budget for the procurement of modern contraceptives, with an annual increase depending on the budget allocated for the health sector. Uzbekistan has committed to improving the quality of sexual and reproductive health services provided for mothers, using modern, evidence-based technologies (UNFPA 2017). Kyrgyzstan also made commitments under the Family Planning 2020 (FP2020) global family planning partnership. Fifteen countries in Eastern Europe and Central Asia made commitments related to family planning during the International Conference on Population and Development in Nairobi in 2019 (International Conference on Population and Development 2019). For these commitments to be realized, countries must invest not only in the procurement of supplies but also in their health supply chains.

In addition, countries such as Georgia, Romania and Ukraine made progress historically by improving service provision, strengthening their supply chains and diversifying their markets, which resulted in higher contraceptive prevalence rates and improved outcomes. More detailed examples are provided throughout the brief about other experiences in the region.

Building a Resilient and Integrated Supply Chain

As countries strive to improve their health systems, they contend with changes in clients’ preferences over time and competing priorities, which require flexible and responsive supply chains. This may relate to new and higher volumes of products as health programs are introduced or scaled up to reach underserved populations. Climate- and conflict-related disasters, migration and the current pandemic are factors that may increase demand or force governments to divert resources, which can affect other health programs. A recent global study by the Reproductive Health Supplies Coalition revealed the largest decline in both sexual and reproductive health service availability and client demand during the early months of the COVID-19 pandemic in six countries. This decline, coupled with the disruption of global supply chains and the redirection of funding for supplies at the national level to the COVID-19 response, led to disruptions in product availability. Despite an observed rebound in family planning product consumption immediately following the decrease, limited real-time data to understand changes in client demand put supply chain decisions and planning at risk. The pandemic disrupted all aspects of the supply chain and highlighted the interdependency between its key functions, revealing how disruptions in one area can significantly disrupt another. These experiences once again reinforced the need to invest strategically in resilience, which goes beyond preparedness to ensure continuity of operations during crises and requires dynamic reassessment and continuous adaptation (Reproductive Health Supplies Coalition and John Snow, Inc. 2021).

Although risk management has long been a best practice for organizations, it is often a low priority. The COVID-19 pandemic has put disaster preparedness in the spotlight across the world.
Health systems and medical supply chains must be resilient to withstand shocks and continue to deliver life-saving commodities, including family planning supplies.

Governments can strengthen preparedness by

- adding products from emergency reproductive health kits to national essential medicines lists,
- streamlining customs clearance and registration processes,
- integrating sexual and reproductive health supplies for migrants and displaced populations into national and subnational processes, and
- developing continuity-of-operations plans to ensure that supply chains are built with sufficient redundancy and back-up plans to respond with agility during crises.1

Building a supply chain that is able to deliver supplies continuously, even through unstable times, requires a strategic approach to supply chain management that integrates all actors and organizations in one network, also known as an integrated supply chain. An integrated supply chain links functions (e.g., product selection, procurement, storage and distribution), levels (central, regional, district and health facilities) and partners (programmes, organizations and sectors) (John Snow, Inc. 2012).

Integrated supply chains make information and activities up and down the chain—from orders placed with manufacturers to products delivered to primary health facilities and customers—visible to managers. Such visibility makes it possible to anticipate bottlenecks and shortages at any level of the supply chain. An integrated supply chain requires sustained investment over time to ensure a constant, up-to-date flow of supply chain data. Supply chain integration is a large-scale strategy that brings as many links of the chain as possible into a closer working relationship

with one another. The goal is to improve sourcing and delivery time and reduce costs and waste. Countries typically progress towards their goal through three stages of supply chain maturity:

- **Ad hoc phase**: Stakeholders have little common understanding of what the supply chain looks like; lack skilled, dedicated staff to manage supply chain functions; and have no formal procedures for its operation, leading to fragmented supply chain efforts across various entities in the system.
- **Organized phase**: Standard supply chain systems, including management information systems, are designed and implemented, roles and procedures for basic logistics functions are clarified, and sufficient financial and human resources are mobilized to operate the system.
- **Integrated phase**: People, functions, levels and entities in the supply chain are linked and managed under an interconnected supply chain organization. Supply chain managers are empowered and understand how to collect and use information to map the system and streamline processes, use resources more effectively and efficiently, monitor and improve performance and align various supply chain partners to achieve common goals (John Snow, Inc. 2012).

An integrated supply chain is cost-effective, agile and reliable, yielding lower stock-out rates, reduced costs and better order fulfilment rates.

More specifically, countries that progress towards supply chain maturity focus on:

- strengthening the public sector capacity to be a steward of all sectors providing health services and supplies in-country,
- engaging the private sector to create better consumer options and/or complement the public health supply chain with supply chain capabilities to improve efficiency and enable the public sector to focus on underserved and vulnerable populations,
- developing a supply chain strengthening strategy, often called a supply chain master plan,
- forming a multisectoral coordinating body,
- establishing a logistics management unit,
- professionalizing a cadre of supply chain managers,
- institutionalizing and optimizing a logistics management information system,
- using data for decision-making,
- quantifying (forecasting and supply planning) for sufficient supply, and
- financing procurement, warehousing and distribution of all products to the last mile.

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2 For more information on the role that the private sector can play in complementing the public sector, see John Snow, Inc., *[Getting Products to People: How Private Sector Solutions Can Strengthen Supply Chains for Public Health]* (Arlington, VA, John Snow, Inc., 2016).
Supply Chain Compass: Piloting the Tool in Eastern Europe and Central Asia

In an effort to further efforts to strengthen supply chains, in the autumn of 2020, two countries in the Eastern Europe and Central Asia region—Kyrgyzstan and Uzbekistan—completed a high-level consensus-building and assessment exercise to assess and strengthen the resilience of their respective health care supply chains in the context of the challenges faced during the COVID-19 pandemic. The exercise was based on the Supply Chain Compass (SCC) tool, funded by UNFPA and facilitated by John Snow, Inc. as a series of virtual workshops for national supply chain leaders. The SCC provides a quick, high-level diagnosis of how mature a supply chain is across key managerial and functional areas, and generates a dashboard with references to relevant tools and resources based on the results. The tool walks users through seven areas that span strategic planning and performance management, management information systems, human resources, forecasting and supply planning, product selection and procurement, warehousing and inventory management, and transportation. The workshops were conducted with the participation of key national supply chain leaders to diagnose public health supply chains and outline priority actions for their strengthening in the short, medium and long run across phases of supply chain maturity (ad hoc, organized and integrated). Figure 3 below describes the characteristics of an integrated supply chain across those phases of maturity.

Figure 3: Evolution of supply chains.
Supply Chain Compass Exercise in Kyrgyzstan and Uzbekistan

In Kyrgyzstan, the supply chain overall is moving from the ad hoc to the organized phase, with various areas in need of support to strengthen supply chain maturity (see Figure 4 below).

Figure 4: Supply Chain Compass results for Kyrgyzstan (2020).

In Uzbekistan, the supply chain was found to be in the organized phase. Several functions have a relatively high level of process development but lack comprehensive and cohesive strategies that link them together (see Figure 5 below).

Figure 5: Supply Chain Compass results for Uzbekistan (2020).
Many opportunities exist for optimizing individual components within each area in both countries, which should be explored in greater detail. It is recommended that the countries further analyse each supply chain area and develop an action plan for the next two to three years, with the participation of all partners. This includes convening a series of meetings with all key country stakeholders (public and private sector partners and technical assistance providers) to identify and prioritize key supply chain challenges and to develop a road map and timeline to start resolving them. Establishing or strengthening a common security committee to spearhead this effort would be essential. The committee would be tasked with bringing together relevant supply chain actors and developing a plan that encompasses all health commodities as a long-term goal. The following actions are suggested for the near to medium term for such a committee:

- Develop a supply chain master plan and engage all key stakeholders in its development and implementation by creating a commodity security coordinating body to harmonize efforts.
- Establish a logistics management unit to oversee all functions of the supply chain, in close coordination with different actors and stakeholders, including donors, the private sector and other organizations.
- Improve logistics management information systems by strengthening data collection, sharing and visibility to improve the decision-making process.
- Revise and improve the existing forecasting methodology by strengthening the accuracy, timeliness, completeness and visibility of data for forecasting and engage key partners throughout the whole process.
- Develop and implement an overall (funded) transportation strategy for different levels: from suppliers to the central warehouse, to regions, to districts and to clinics.
- Identify gaps in capacity-building needs for key supply chain staff and establish a gradual training programme.
- Cost and fund the supply chain; secure and execute funding to adequately fund all supply chain functions and monitor and evaluate the expenditure of these funds.
- Develop and implement key performance indicators to monitor and improve the performance of all areas of the supply chain on a routine basis.
Learnings, Actions and Conclusions

With limited budgets and increased pressure to have funding reserves for disaster preparedness and response, countries are now, more than ever, forced to prioritize their investments in health services. To build strong, resilient and sustainable national supply chains for better health outcomes, countries need long-term commitment and ownership of the process, which necessitates increasing and diversifying domestic financing. They must build strong coordination, nationally and regionally, and begin strategic planning efforts to cost and fund capacity-strengthening efforts, especially in logistics management information systems, performance management and human resources.

To begin the process of coordination and planning, countries can benefit from conducting a Supply Chain Compass assessment or similar exercise, which brings together a variety of supply chain actors, creates a common understanding of supply chain terminology and maps the maturity of each component in the supply chain.

Conducting such a strategic mapping exercise in the Eastern Europe and Central Asia region is an ideal starting point for building consensus across different actors and sectors, outlining priority interventions and investment needs in the short, medium and long run, and ultimately improving the availability of life-saving commodities for those most in need. Outcomes of such collaboration could include developing a training curriculum and other supply chain resources in local languages, fostering South–South cooperation and exchange of experiences to promote learning among countries and developing a regional community of practice to enable the sharing of solutions across countries. The identified priority actions can inform supply chain strategy development to enable nationwide multisectoral engagement, preparedness and response to meet the needs and advance sexual and reproductive health and rights.
References


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Regional Issue/Advocacy Briefs

1 Adolescent Pregnancy in Eastern Europe and Central Asia (2013)
2 Investing in Young People in Eastern Europe and Central Asia (2014)
3 Child Marriage in Eastern Europe and Central Asia (2014)
4 Preventing Gender-biased Sex Selection in Eastern Europe and Central Asia (2015)
5 Preventing Cervical Cancer in Eastern Europe and Central Asia (2015)
6 Combatting Violence Against Women and Girls in Eastern Europe and Central Asia (2015)
7 Engaging Men in Unpaid Care Work An Advocacy Brief for Eastern Europe and Central Asia (2018)
8 Strong supply chains - a key investment for choice, health and human rights (2021)