

SCM for essential medicines in the developing world A roadmap for tackling challenges

Pamela Steele | PSA Ltd, Oxford UK. 5 October 2015









A famous example of the lack of essential medicines comes from Malawi where even the late President, Bingu wa Mutharika, fell victim to a 'stock-out'.

After suffering a cardiac arrest, doctors needed to stabilise President Mutharika in order to transfer him to South Africa for emergency treatment. Unfortunately they were unable to obtain the necessary adrenaline and he passed away.

Health Supply Chain and the Last Mile' problem

Branded FMCG products such as Coca Cola or Marlboro can be found on almost every street corner in the developing world...

...whilst in those same communities people are dying from preventable or controllable diseases such as malaria and HIV.

We want to see vital medicines effectively distributed – especially at the 'last mile'.

SCM for essential medicines in developing countries

Developing countries face many complex challenges in the provision of essential medicines: the research is focussing at understanding which factors affect the availability of medicine at the point of service/delivery.

An efficient and effective supply chain is highly dependent on:

Adequate and reliable finance

Good regulation and registration of medicines

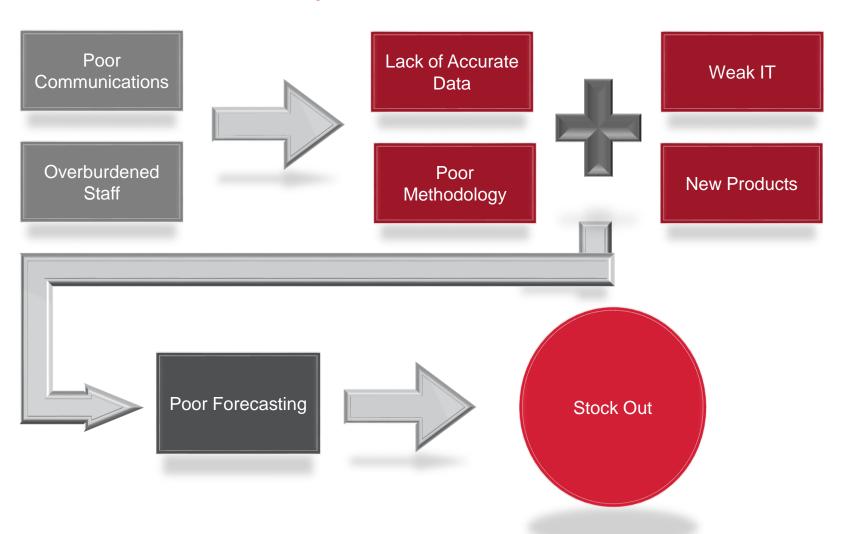
Collaborative and coordinated operations

Skilled supply chain workforces to manage selection

Accurate forecasting and quantification

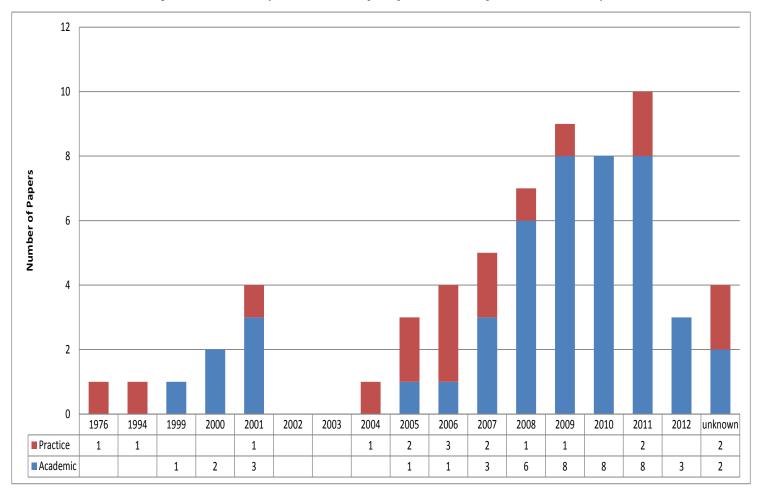
Efficient procurement, storage, and distribution systems

Cause/Effect Analysis on 'Stock-out' problem



Methodology: Systematic Literature Review

The analysis focussed on 57 papers published in a diverse collection of 38 journals (with six papers unpublished).



Propositions

Health workforce strenghtening

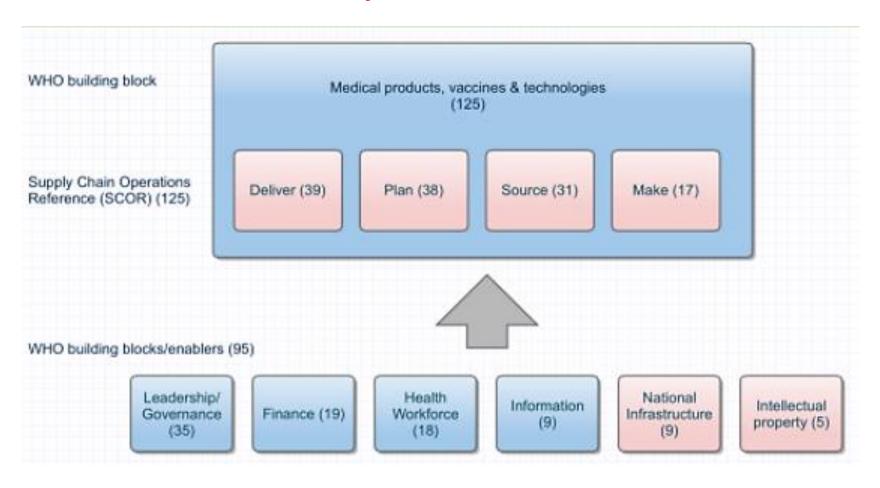
Improved finance

Medicines availability at the service point is positively affected by

Improved information management

Closer coordination

A proposed new model linking SCM and medicines availability



Recommendations – Institutional and Private

donors Financial and IS needs of **HSC** Institutional and private Advocating Disconnected for SC at donors can vertical government programmes influence level by Investments in SC equipment, is, and workforce

Recommendations – National government and donors

National Address Government and medicines **HSC** Redesign donors can counterfeiting influence by: Improve quality Knowledge Developing HSC of data through exchange with strategy private sector investments in IS Strenghtnening **Improve** workforce coordination Outsourcing mechanisms competencies

Recommendations – Academia and Research

Lack of an established research strem

Holistic SC perspective

Collaboration among researchers in developing and developed world

Putting knowledge into practice



"The lack of free essential medicines in government clinics and hospitals is due to a combination of poor investment in personnel and infrastructure, inadequate resources, and corruption and mismanagement."

Shenard Mazengera, Essential Services Adviser, Oxfam GB

We may not have been able to save President Bingu wa Mutharika but if these supply chain issues are addressed effectively, **how many lives can be saved**?

Thank you for your attention!



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