SMS Resupply System - the last mile

Lessons learnt in Cote d'Ivoire

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#RHSUPPLIES2016

With special thanks to MOH Cote d'Ivoire and Dr SYLLA Saran for the ongoing support









How it all started....

Brain storm session by the innovation team of MSD EEMEA (East Europe Middle East Africa) region





How it all started....

Fundamental question: what are we trying to solve? Can we leverage technology/innovation? How can we do this in a way that supports countries and advances women's reproductive choice and empowerment?

Innovation can be simple, using existing low level technology and come at relatively low cost

Several ideas and projects were considered

Choice made for SMS project to improve last mile supply in Cote d'Ivoire



SMS technology, tried and tested solution

Africa's mobile economic revolution

Half of Africa's one billion population has a mobile phone - and not just for talking. The power of telephony is forging a new enterprise culture, from banking to agriculture to healthcare

Numerous examples of use of SMS in the health sector & to support supply chain mechanisms

e.g. Novartis led initiative 'SMS for life': a public-private collaboration to prevent stock-outs of life-saving malaria drugs in Africa



MSD imperatives

Full adherence to company compliance policy, local legislation and pharmaceutical codes

Develop, test and hand over solution

The program should be sustainable and owned by the MOH in Cote d'Ivoire

Low cost technology, easy maintenance, ensuring local people can be administrators and avoid any future need for external 'consultants'

Developed for and adapted to the country's needs, in order to support and improve medical benefit for patients



Current Situation

Health Center







District Warehouse



Each month HCP makes a list of medicines needed and takes order to district warehouse.

Some weeks later, the health center employee returns to the district warehouse to pick up the goods, hoping all will be available

= demonstrable inefficiencies and thus opportunities to better meet patient and public health needs



Key bottlenecks:

Limited to no structured communication between health centers and corresponding district store

Lack of immediate feedback mechanism on potential out of stock situations at district level

Inadequate data collection on historical demand and supply of contraceptive commodities at health center level

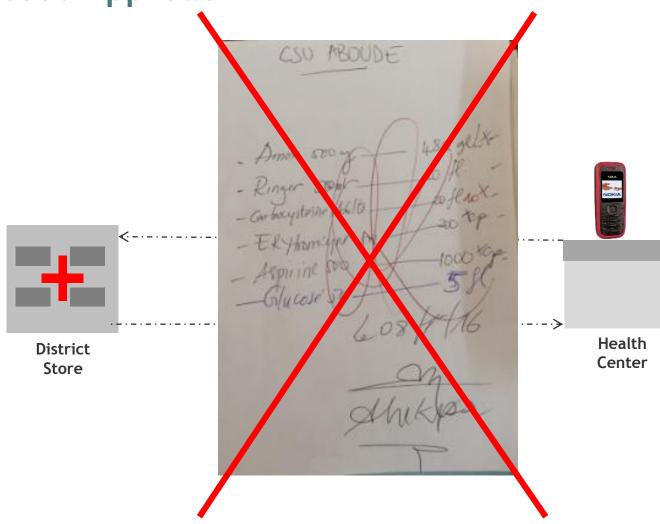
No or inaccurate key performance indicators to guide strategic decisions at the national level

Thus, poor product inventory management, which leads to shortages and has direct public health implications

How do we leverage technology to remove bottlenecks for better system efficiencies and meet public health objectives in a cost-effective manner?

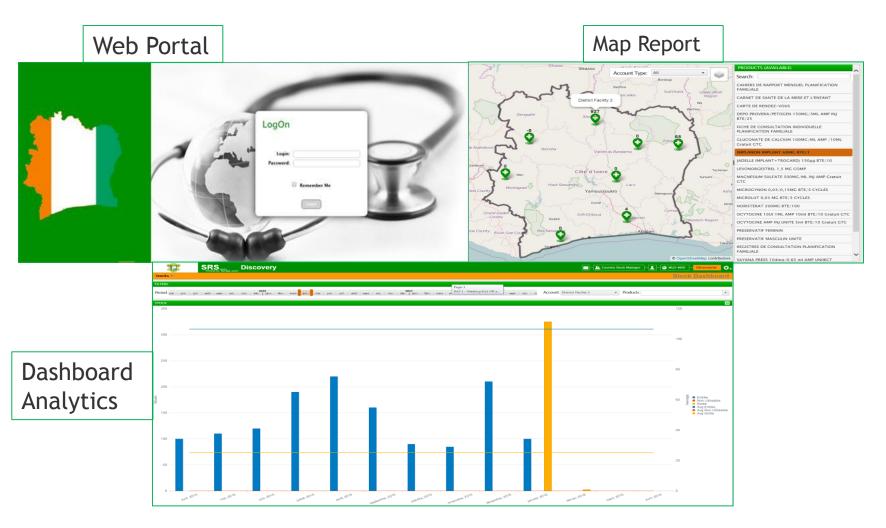


Proposed Approach



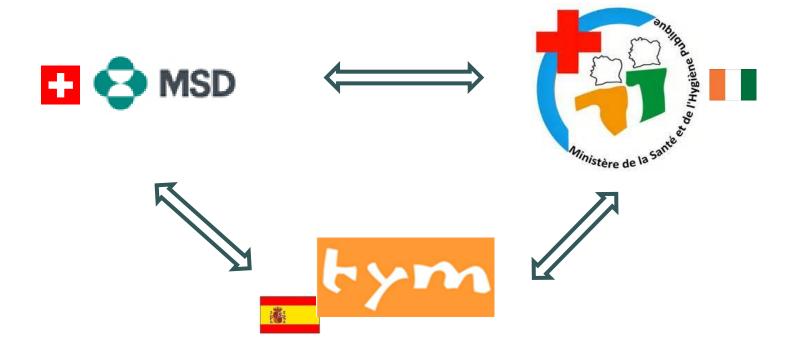


Solution Dashboard





Development of the technical solution, 3-way workflow

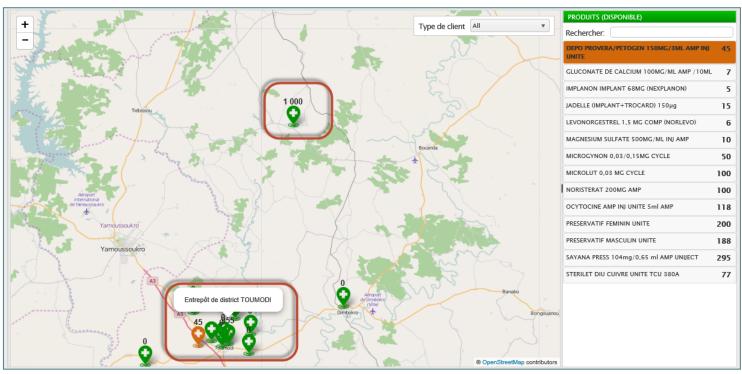




Pilot Districts

Districts of Toumodi and Dabakala have been selected to be part of the pilot SRS deployment.

- ☐ District of Tournodi with 15 health centers supplied by 7 districts warehouses
- ☐ District of Dabakala with 13 health centers supplied by 2 district warehouses



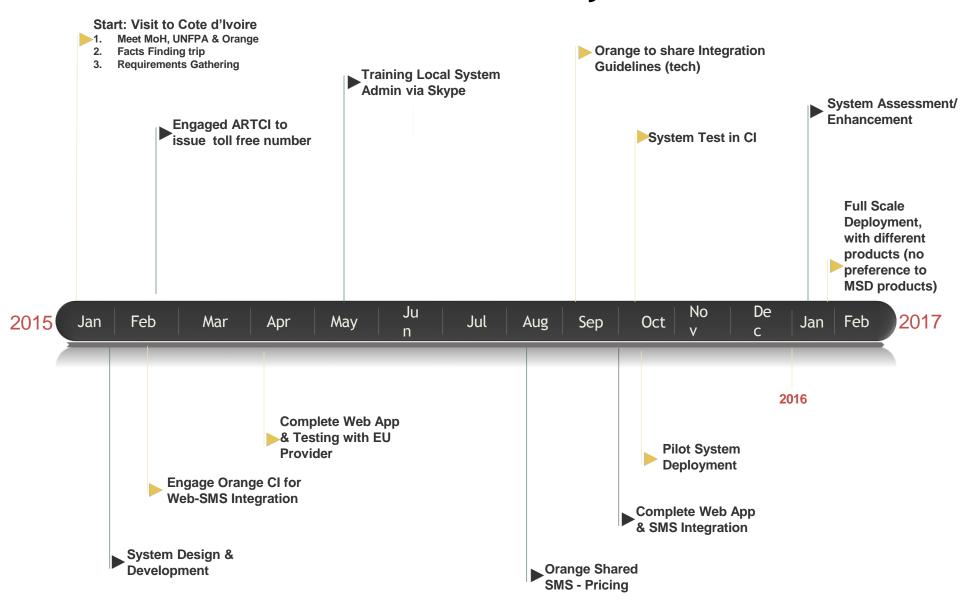


Pilot: List of Products included

CODE	Maternal Health Products
AS17030	OCYTOCINE AMP INJ UNITE 5ml AMP
AS21020	MAGNESIUM SULFATE 500MG/ML INJ AMP
AS21025	GLUCONATE DE CALCIUM 100MG/ML AMP /10ML
CODE	Contraceptive Products
AS27000	MICROGYNON 0,03/0,15MG CYCLE
AS27132	MICROLUT 0,03 MG CYCLE
AS27133	DEPO PROVERA/PETOGEN 150MG/3ML AMP INJ UNITE
AS27134	NORISTERAT 200MG AMP
AS27137	JADELLE (IMPLANT+TROCARD) 150µg
AS27138	IMPLANON IMPLANT 68MG (Implanon NXT)
AS27139	LEVONORGESTREL 1,5 MG COMP (NORLEVO)
AS42020	STERILET DIU CUIVRE UNITE TCU 380A
AS17005	PRESERVATIF FEMININ UNITE
AS46000	PRESERVATIF MASCULIN UNITE
AS65789	SAYANA PRESS 104mg/0,65 ml AMP UNIJECT



Timeline: SMS Project





From pilot to nationwide roll-out, key success factors.....

