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 focusing on 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

- Poor Communications
- Overburdened Staff
- Lack of Accurate Data
- Poor Methodology
- Weak IT
- New Products
- Poor Forecasting
- Stock Out
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The analysis focussed on 57 papers published in a diverse collection of 38 journals (with six papers unpublished).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 strengthening

Improved finance

Improved information management

Closer coordination

Medicines availability at the service point is positively affected by
A proposed new model linking SCM and medicines availability
Recommendations – Institutional and Private donors

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

National Government and donors can influence by:

- Developing HSC strategy
- Strengthening workforce competencies

HSC Redesign

- Improve quality of data through investments in IS
- Improve coordination mechanisms

Address medicines counterfeiting

- Knowledge exchange with private sector
- Outsourcing
Recommendations – Academia and Research

- Lack of an established research stream
- 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!

Pamela Steele Associates Ltd
Prama House
267 Banbury Road
Oxford
OX2 7HT

Tel: +44 (0)1865 339370
Fax: +44 (0)1865 339301
E-mail: info@pamsteele.co.uk