

Speaking with LAPTOP Scholar Simplice Kamdem about loss and hope



Simplice Kamdem is heading up-country to facilitate a workshop on health care commodities for regional directors. To reach the Côte d'Ivoire-Ghana border where the workshop is to be held, Simplicite must get an early start. But he makes time – at 6 in the morning – for a long-distance call to talk about winning one of the Coalition's two [LAPTOP](#) Scholarships. Simplicite is [USAID / PEPFAR](#)'s Commodities and Logistics Advisor in Abidjan. Cameroonian by birth, he has worked in supply chain management in Cameroon, Côte d'Ivoire, Benin, Togo, Niger, Sierra Leone, the Gambia, and Burkina Faso, and has an in-depth knowledge of RH supplies issues in the region.

Reproductive Health Supplies Coalition: What do you do in your daily work?

Simplice Kamdem: I oversee supply chain management and logistics on HIV/AIDS commodities under the PEPFAR programme. I work with other donors and stakeholders to ensure that life-saving commodities are properly forecast, procured and distributed. I conduct site visits to health facilities across the country to assess availability of commodities and monitor their use.

Coalition: What are the biggest challenges your region faces in commodity security?

SK: It's what we call "last-mile logistics" -- providing commodities continuously to service delivery points in remote areas. That is the most difficult thing. The problem is compounded by so many issues: the lack of skills, proper supervision, and accountability. There are also inadequate resources, and, yes, staff who disregard guidelines. There is often little incentive to care for and manage commodities because most

*"we call this
indifference
négligence"*

are free. In French we call this indifference *négligence*. Another recurrent challenge has been the lack of reliable logistics data to inform proper decision-making.

We need a more skilled workforce for health logistics if we want to efficiently achieve goals set for health programmes.

Coalition: What changes in attitude would you like to see?

“a woman won’t go to a clinic because it is too public”

SK: There is a large black market in contraceptives – in large part because many women feel that established clinics are too public. She does not want the neighbours to see her receiving contraceptives, or for her husband to find out. She favours injectables because it is difficult to hide the pills.

In addition there are many myths and misunderstandings about the safety of contraceptives – and the pervasive fear that contraceptives could cause permanent sterility. This too must change.

Coalition: Tell us about the course this Scholarship supports, and how it will address regional challenges

SK: I will be studying for an **Executive Master degree in Humanitarian Logistics and Management at the Università della Svizzera Italiana in Lugano, Switzerland**. This programme includes courses such as supply chain management in emergency and disaster settings, as well as organizational and strategic management. I will be studying comprehensive programme management including systems modelling. This will hopefully move me to a higher level of influence, from which I can do more. My dream is to be a resource person not just for my country but also my region. I would like to help address policy issues related to health supply chains across West Africa.

Coalition: Why did you become interested in RH work?

SK: My mother had 10 ten children. I lost three sisters and one brother. My brother died before the age of five. My two younger sisters died from complications associated with unwanted pregnancies, and my older sister died of AIDS. All these are typical reproductive health problems affecting families. After my older sister died, I became the head of my family. I am the only one in my family to have studied up to university level. I want my younger sisters to study, and I tell them how important it is to go to school. Education is a powerful tool for exercising ones human rights.

“I’ve lost three sisters and a brother...”

If my mum had received family planning advice, she would not have had so many pregnancies and we would probably have had more resources like education.

Coalition: Has the Coalition been useful or instrumental for your work in any other way in the past?

I have been using the Coalition’s [RHInterchange](#) web-based tool since 2007. It is a valuable resource for supply chain professionals. It helps reduce duplication and waste of resources and prevents inefficiency in implementation of RH programmes, at least at the central level. It tells

you the history of procurement of contraceptives in a country and it also provides details on the stakeholders involved in supporting procurement of commodities.

“It is discouraging to see mountains of expired drugs in warehouses”

Coalition: What does the future of RH look like in your region?

SK: It can get very discouraging when you visit warehouses and see the mountains of expired drugs - useless and wasted. In my view, the increases we see

in maternal deaths can be directly attributed to chronic stockouts. . But all that could change with enough commitment from stakeholders. A high point in my career was seeing Benin’s Health Minister sit down with a warehouse manager, listen to him describe the problems he faces, and then declare “I will not tolerate stockouts anymore.” With enough commitment and partnership, we can make a change.

Professionalization of the health supply chain workforce is the way forward if we expect to improve management of health commodities and achieve various goals set for health programmes in our countries.