



Adjusted inventory management policies and procedures

inSupply Health and Reproductive Health Supplies Coalition (RHSC) have released a report in 2023 examining strategic supply chain adaptations that were undertaken by stakeholders in sub-Saharan Africa (SSA) in response to the severe supply chain disruptions caused by the COVID-19 pandemic. The report, *Adaptations used to ensure contraceptive access during the COVID-19 pandemic*, was issued through RHSC's Compass initiative, which supports greater resilience in supply chains and marketplaces following the COVID-19 pandemic.

The 2023 report documents adaptation strategies that were planned and/or applied in six categories: policy and advocacy, financing, supply sources, digital interventions, adjusted inventory management policies and procedures, and modified transport options and warehousing solutions. The insights from this report are intended to be used to increase the resilience of supply chains now and in preparation for future crises. This brief documents the findings for one of the six adaptation categories presented in the report.

“Increasing the frequency of monitoring our inventory from quarterly to monthly has been a very successful initiative and we have sustained it because we realize that it has more benefits even without COVID-19. So that has been sustained”

- GHSC-PSM, Ghana

Supply chains in countries across SSA saw delays in processing at shipping points, lack of logistics personnel, increased shipping costs, and movement restrictions, all leading to longer supply lead times and a higher risk of stockouts. Reproductive health (RH) stakeholders and supply chain actors considered new strategies and adjustments to existing strategies to counter these effects. Adaptations were applied to in-country logistics, supply chain standard operating procedures and other supply chain management policies, to overcome logistics challenges.

Adaptation: Adjust inventory levels and reorder frequency

Social marketing organizations (SMOs) and commercial distributors adjusted their inventory strategies to hold higher buffer stocks as a hedge against longer and unpredictable lead times for RH products. Some SMOs extended this policy throughout their network to their local distributors. These decisions resulted in increased cost and storage capacity

requirements. Similar decisions were taken by some Ministries of Health (MOHs), including in Kenya and Ethiopia, where minimum stock levels were increased at service delivery points, or stock was pushed out to facilities to ensure maximum stock availability, regardless of the existing inventory policy or current stock levels.

Adaptation: Commodity redistribution within and across countries

Unpredictable demand and supply led to supply imbalances within and across countries. RH supply chain actors introduced initiatives to redistribute commodities from overstocked areas to those areas that were stocked out or understocked. In West Africa, this approach was taken to address critical supply imbalances between countries; the approach leveraged visibility of country-level stock and the cooperation of regional actors to inform supply redistribution decisions, as well as to facilitate product importation clearance and ensure regulatory compliance. Within and between countries,

MOHs in West Africa, supported by partners like West African Health Organization (WAHO) collaborated to collect real-time stock data and identify regions or health facilities that had surplus stocks or shortages, and to take action to address the imbalances. Some countries like Zimbabwe, supported by implementing partners, instituted more frequent supply chain data monitoring to inform resupply and redistribution decisions.



Key Takeaways

A key element of successful product redistribution initiatives during the pandemic was access to good quality data, giving decision-makers visibility to their whole supply systems, enabling them to see how their supply and demand align and to be agile in decision-making. As seen in Ghana and Nigeria, rebalancing supply produced additional benefits, such as reducing the risk of product expiration, freeing up space for goods in higher demand, and in these countries, more efficient use of procurement budgets. This type of initiative and its lessons can also be applied to other health commodity categories to improve product availability broadly.

The cost of transportation, fuel, and personnel required to redistribute commodities between facilities ultimately made many such initiatives unsustainable. Nonetheless, the short-term actions were successful in helping to reduce stockouts and support the continuous availability of RH products.

The effectiveness of adaptations to inventory management and procedures was driven by country specific needs, situations, available stakeholders, capabilities, and resources. In future emergencies, the development of procedures and/or task forces that take into account country and local contexts can better ensure access to RH supplies.