Transforming Vaccine Supply Chain in DRC: Political Leadership as a Driving Force

TECHNET - DAY 4

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Outline

• DRC Context
• DRC supply chain challenges
• Distribution is Complex and Expensive
• Moving to Decentralize Distribution
• Support for a System Design Approach
• Modeling
• NGCA Initiative in Equateur DRC
• NGCA: Accomplishments and Learning
• Political Leadership as a Driving Force for Successful Change
• Next Steps
• My Aim
DRC Context

Large and diverse
• Largest country in SSA – 2.3M km2
• 94M people 60% rural
• 3.8M live births

Decentralized health system
• 26 provinces and 516 Health districts

A robust health system foundation
• WPV controlled since 6 years
• 8830 health centers
• 4350 new refrigerators
• 44 cold rooms at provincial levels
• 20 cold rooms at national
Supply Chain challenges: Why DRC’s Supply Chain Is a «Casse-Tête»

<table>
<thead>
<tr>
<th>Accessibility</th>
<th>HR</th>
<th>Cold Chain</th>
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<tbody>
<tr>
<td>Large distances</td>
<td>Staff unstable and not motivated</td>
<td>Insufficient cold chain</td>
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<td>Difficult roads</td>
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<td>Lack of maintenance</td>
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<td>High transport costs</td>
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Distribution is Complex and Expensive

- Single point of entry
- 80% distribution by plane
- More than 27 destinations
- More than USD$2M yearly
Moving to Decentralize Distribution

Before

After
Support for a System Design Approach

• Open to innovation
  ✓ Inspired by other countries’ experiences
  ✓ New approaches allowing more flexibility
  ✓ Better understanding of barriers between provincial medical stores and health centers

• Commitment to invest necessary resources
  ✓ Financial
  ✓ Human resources
  ✓ Political will

• Embarking on this journey with the strong engagement and collaboration of all key stakeholders
Modeling for helping stakeholders identify opportunities for improvement

Key questions:

• How do we most efficiently access hard-to-reach areas while increasing availability?
• Is CCE capacity sufficient?
• Is resource sharing between programs a feasible strategy at lower levels?
NGCA Initiative in Equateur DRC: an informed and budgeted action plan

**iSC design changes**
- Direct delivery from provincial warehouse to a sub-set of “accessible” SDPs
- “Inaccessible” SDPs resupplied from the closest/least costly to access site with CCE, regardless of whether it is a zonal warehouse or another SDP
- Two-month resupply cycle for rural zones

**Professionalization of logistics**
Distribution by logistics professionals = opportunity for QA + supervision and time savings for zones and SDPs

**Coordination and resource sharing**
Transport of commodities across all health programs is coordinated and, where feasible, integrated
- Modeling shows that EPI products use <10% of vehicle/boat capacity leaving sufficient space for non-EPI products
NGCA: Accomplishments and Learning

Main Accomplishments

• 1st direct distribution of vaccine + family planning products
• Systemic supportive supervision at all sub-provincial levels
• Leadership course started
• Costing and financial flows studies on the way
• Request from Minister of Health for scale up beyond Equateur

Key learning

• The complexity of distribution routes and the long distances between storage sites;
• The NGCA initiative does not have its own inland waterway transport;
• The negligence of the service providers in the maintenance of the management tools;
• No supervision received from Health District team in the majority of health centers;
• Insufficient storage of Isothermal boxes / accumulators.
Political Leadership as a Driving Force for Successful Change

• Efficiently navigating multiple levels of governments: central, provincial, health zones (what role different levels played) to streamline the process for decision making
• Building on synergies to optimize resources sharing across supply chains
• Creating momentum for growing and continuing engagement of all stakeholders
Next Steps

• Capitalize the experience of VillageReach in the redesign of iSC system (e.g. organize a system design workshop at central level)
• Modernize the logistics information system for decision-making (OpenLMIS, favorable option)
• Identify resource sharing opportunity with other MOH programs and directorates
• Organize trainings to update knowledge of logisticians
• Set up pools of cold chain maintenance in provinces
• Improve cold chain coverage at the operational level and in some provinces
• Conduct vaccine management assessments (self-GEV and external GEV)
My Aim

• Availabilities of vaccines at all SITES
• Stability of trained STAFF
• Modernization of Supply Chain that will help collect all DATA – an alarm in my phone when there is a stock out 😊
• Extension of NGCA in other PROVINCES
• Solarization of all vaccines cold rooms and provide all health in solar refrigerators.
THANK YOU FOR YOUR ATTENTION

QUESTIONS???