WELCOME

LOGISTICS CLUSTER

GLOBAL MEETING

LONDON, 8 JUNE 2016
8 June

8:30-9:00 | Coffee
9:00-10:30 | Preparedness – Working Groups

10:30-11:00 | Coffee Break
11:00-12:00 | Preparedness – Way Forward
12:00-13:00 | Medical Logistics

13:00-14:00 | Lunch Break
14:00-14:30 | Meeting Wrap Up and Closing Remarks
PREPAREDNESS WORKING GROUPS
6 Groups

- Madagascar
- Nigeria
- Indonesia
- Myanmar
- Bangladesh
- Haiti
Instructions

• One group per country
• Each group to move through the countries
• Returning to first country to report back
5 Questions

• Do you have programs in this country, which sectors?
• Are you doing any logistics related preparedness work?
• Does your organizations work with the NDMO / National Authorities?
• Which organizations / local actors are best placed to assist in addressing logistics gaps in this country?
• What do you believe are the biggest logistics gaps / issues?
COFFEE BREAK

Session will re-start at 11:00
PREPAREDNESS
Way Forward
NEXT STEPS:

1) Collate all gathered data
2) Disseminate raw data by 17th June
3) Cluster partners to provide more info, from country level channels by 24th June
4) GLC will identify and suggest 3 options/concepts to partners 30th June
5) Partners to identify ways to add value to concepts
6) Partners to go back to countries and find ways to commit/support
7) Concept feedback at Conference Call 8th July
   • Partners commitments to country engagement
   • Partner commitments to Lead and focal point identification
   • Set up a Working Group
Save the Children: MEDICAL LOGISTICS

Sarah Murphy
Emergency Health Logistics
s.murphy@savethechildren.org.uk
8th June 2016
Background on Building Medical Logistics

- Frontline Health Strategy
- Global humanitarian investment in emergency and chronic primary and secondary health care
- Merging with Merlin: Skills Gained and Lessons Learned
- DfID partnership on Surgical Platform
- Establishing the Emergency Health Unit
Introducing EHU Operations

**Objective:**
Predictable, consistent, high quality & rapid emergency health response.

**Approach:**
- Standing deployable teams: medics, logs, wash
- Physical & Virtual Pre-positioning
- Integrating capacity building, learning and strengthening

**Learning from Ebola:**
Staff: securing outgoing staff for core EHU, rosters, registers
Partnerships: UK and international; clinical, operational, technical
The EHU - A breakdown of services

EXPERTISE

WHAT WE DO

The Emergency Health Unit includes teams of specialist staff with the distinct expertise and capabilities to deal with a whole range of emergencies.

These teams are backed by:

A CENTRAL TEAM:
12 people, based in London at Save the Children’s head office, responsible for global direction and coordination of the health teams.

SUPPLY HUBS:
Strategically based warehouses with equipment and medical supplies arranged and grouped ready for each particular type of response.

The EHU - A breakdown of services

INTERNATIONAL MEDICAL AND LOGISTICS SPECIALISTS

The EHU is equipped with teams of international medical and logistics specialists and water and sanitation engineers with the expertise, equipment and supplies to respond to the biggest killers of children in an emergency.

- PRIMARY HEALTH RESPONSE TEAMS
- MASS VACCINATION MODULE
- DISEASE CONTROL MODULE
- PRIMARY HEALTH MODULE
- EMERGENCY HOSPITAL CARE
- MAJOR OUTBREAK RESPONSE

- Treatment for common diseases and malnutrition. Delivered through mobile or fixed clinics. Can also provide water, sanitation and public and reproductive health services.
- Capacity to deliver 10,000 vaccinations in six weeks.
- Combat outbreaks of disease such as cholera. Capacity to treat 500 cases of diarrhoea and set up a treatment centre.
- Providing emergency inpatient care with a focus on maternal and newborn health, with capacity to establish nutritional stabilisation centres and carry out surgery if required.
- Drawing on recent experience of our Ebola response, focusing on infection control.

Save the Children
Presenting… Emergency Health Logistics

SCI
- Centre
- Region

EHU Central Logistics Manager
Sarah Murphy

Inpatient Logistics Manager
Vacant

Logistics Officer
Eugene Doherty

Supply Coordinator
Stuart Philips

PHC WCA Logistics Manager
Vacant

Medical Log
Nathalie Bidouj

PHC ESA Logistics Manager
Simon Page

Medical Log
Nicholas Alusa

PHC Global Logistics Manager
Jane Han

Medical Log
Palal Areman

International Procurement

Country logistics:
• Funding medlog posts
• Training
• Stock
## Ongoing Growth

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly established!</td>
<td>6 deployments (Croatia, DRC cholera, Kenya cholera, Juba burns, Mayom measles, Congo YF)</td>
</tr>
<tr>
<td>Two recruited primary health teams</td>
<td>Three trained, deployable primary health teams</td>
</tr>
<tr>
<td>UK-EMT</td>
<td>Inpatient strategy and set-up</td>
</tr>
<tr>
<td>Some modular development &amp; SOPs</td>
<td>COMPASS compliant and globally adaptable protocols</td>
</tr>
<tr>
<td>Newly established standby health supplies for emergencies</td>
<td>Standing capacity for 2 interventions (of PHC, CTC, IMM) at any given time across 4 locations</td>
</tr>
<tr>
<td>No formal GIK partnerships</td>
<td>Two GIK partnerships</td>
</tr>
<tr>
<td>No dedicated procurement support</td>
<td>Procurement positions funded (Nairobi &amp; London)</td>
</tr>
<tr>
<td>Ad hoc communication</td>
<td>Multi-audience comms pack with key engagement with Country Directors and regional offices</td>
</tr>
<tr>
<td>No clear accountability or evaluation mechanism</td>
<td>MEAL framework established</td>
</tr>
</tbody>
</table>
Risks, Mitigation & Lessons

• Physical PrePo stock: Brindisi, Nairobi, KL (soon Accra)
• Modular system?
• Expiration risks, tracking
• Wastage levels – what is acceptable?
• Quality control

• Staff Development
  • Learning from MSF, IFRC, non-logistics staff (Health, GPT, Ebola)
  • Collaboration with other agencies
  • Training on non-logistics staff
  • Training logistics staff
  • Investing in high-risk country locations

M&E Framework
• Frequency of stock used in ratio to deployments
• Frequency of issues raised on quality, quantity, design, type of stock
Global Pharmacy Team
Strategic Objectives 2015–2018

- Establish a Save the Children Global Pharmacy Team
- Improve Emergency Health Preparedness
- Strengthen Pharmaceutical Supply Chain Management
- Develop an SCI Pharmaceutical Quality Management Framework
- Build Organisational Pharmacy and Medical Logistics Capacity
**Operational Output (Focus COs):**
- CO reports: initial assessment, action plan, mid-intervention review, exit.
- CO & project Essential Product Lists.
- CO operational sourcing strategy for routine procurement.
- CO sourcing strategy for emergency procurement (including proposed FWAs and PP stock recommendations).
- CO procurement orders, supported by consumption monitoring reports and annual forecast analysis.

**System Strengthening (SCI wide):**
- Supply chain assessment tool.
- Consumption monitoring tool.
- Forecasting calculator.
- Pharmaceutical procurement tool.
- Freight estimate tool.
- Catalogue of pharmaceutical goods.

**Operational Output (Focus COs):**
- HR support: standardised JDs, recruitment, competency maps.
- Standard Operating Procedures for key activities (high cost/waste/risk).
- Training of key health, logistics, procurement and programmes staff.
- Training and mentorship plan for CO pharmacy staff.

**System Strengthening (SCI wide):**
- Pharmacy-related standards agreed across the organisation.
- Pharmacy handbook: generic guidelines and procedures.
- Blended learning available in a variety of formats and languages.
- Analysis and communication of results obtained from intervention evaluation.
- Emergency response surge database.

**Operational Output (Focus COs):**
- Detailed manufacturer and distributor assessments.
- CO pharmaceutical market analysis.
- CO Schedule of approved suppliers.
- CO quality assured sourcing strategy.
- CO Essential Product List risk categorisation.
- CO QC and sampling plan.

**System Strengthening (SCI wide):**
- Manufacturer and Distributor Quality Assurance Audit tool.
- National Drug Regulatory Authority capacity assessment tool.
- Product sourcing risk assessment tool.
- Procurement Decision Matrix.
- Pharmacovigilance reporting pack.
- Membership of inter-agency pharmacists group.
Identifying a fit-for-purpose operating platform
• Vision, objectives
• Design, functionality
• Detail of structure, strategy, funding

Supply Chain sub-themes
• Emergency response
• Food
• Pharma / nutrition
• Cash / vouchers
• Construction / infrastructure
• Data and IT requirements
GSK’s global health programmes reach over 500 million people in 84 countries. In addition, our humanitarian product donations reach 86 countries.
Global Health Programmes

We have brought together all our developing world community and access programmes into one Global Health Programmes group.

**GHP Mission**

*Develop and deliver innovative public health programmes to improve people’s lives, inspire employees and enhance GSK’s reputation*

**Themes**

- Combat Neglected Tropical Diseases
- Innovative Partnerships
- Strengthen Healthcare Capacity
- Increase Access to Medicines

**Philanthropic Programmes**

- Deworming LF Elimination
- Save the Children Partnership
- African Malaria Partnership
- Humanitarian Response

**Blended Programmes**

- Academia Partnership
- Frontline Health Worker Programme

**New Healthcare delivery Partnerships**

- Barclays Zambia
- Vodafone Mozambique
- One Family Health Rwanda
- Pink Ribbon Red Ribbon
Philanthropic Programmes

Our long standing philanthropic programmes provide free medical treatment to people living in the poorest communities at the bottom of the pyramid

• Lymphatic Filariasis – over 500 million people each year receive donated albendazole.

• STH - over 100 million school-age children treated for intestinal worms with donated albendazole

• New malaria programme aims to reach 5 million people in malaria endemic communities

• The Save the Children partnership aims to help save the lives of 1 million children

• Our Humanitarian Response provides medicines to 86 countries each year
Blended Programmes

Programmes that are linked to the business and are semi philanthropic

• Training of front line health workers
  - 20% reinvestment of profits from Pharma and Consumer businesses in LDCs
  - New HCW programmes in other non-LDC African countries

• Academia partnership
  - Building capacity in Africa/DC institutions to support the future needs
  - Linking western Universities and Societies with Africa/DC institutions
Partnerships for new healthcare delivery models

Innovative partnerships to increase access to medicines

- **One Family Health**: Franchise model to build 500 new clinics in rural Rwanda
- **Barclays**: Develop pharma private sector in Zambia, through access to lower cost finance
- **Vodafone**: Improve vaccine coverage through mHealth technology
- **Marie Stopes**: Improve cervical cancer care in 3 countries
- **Pink Ribbon/Red Ribbon**: Reduce deaths from cervical and breast cancer in Africa
GSK & Save the Children

A long term strategic partnership to help save the lives of 1 million children

The aims:

- Develop an innovative **partnership** model to demonstrate best practice in the sector
- Widen **immunisation** coverage for the hardest to reach communities
- Address **nutrition** needs of children to alleviate malnutrition
- Improve the supply chain of **medicines** to children who need them
- Increase investment in training, reach and scope of **health workers**
- Deliver **programmes** on the ground where the rate of childhood mortality is highest (DRC & Kenya)
- Combine **voice** and power of influence to create a momentum for change
- Recognize and support innovative health solutions from the developing world through the Healthcare Innovation **Award**
- Partner with **academia** in developing country to support the development of skills and capabilities in science, engineering, and public health
- Provide **emergency response** support quickly and effectively
- Aim to raise £1 million per year through GSK employee **fundraising**

Engage & Inspire GSK Employees
# The Supply Chain Workstream

## 1. Global Procurement Focus

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Market Intelligence</strong></td>
<td><strong>Product Distribution Optimization</strong></td>
</tr>
<tr>
<td>Tools &amp; resources for market research</td>
<td>Product/distributor tender/preferred list</td>
</tr>
<tr>
<td>GSK-Save category manager</td>
<td>Medical procurement tool</td>
</tr>
<tr>
<td>Logistics provider market research</td>
<td><strong>Freight Optimization</strong></td>
</tr>
<tr>
<td><strong>Freight Optimization</strong></td>
<td><strong>Central/regional warehousing review</strong></td>
</tr>
<tr>
<td>Logistics provider tender/preferred list</td>
<td>Air vs. ocean shipment guidelines</td>
</tr>
<tr>
<td><strong>Central/regional warehousing review</strong></td>
<td>Shipment bundling</td>
</tr>
</tbody>
</table>

## 2. End-to-End In-Country Pharmacy Supply Chain Focus

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand Planning &amp; Consumption Monitoring</td>
<td><strong>Supply Planning &amp; Procurement</strong></td>
</tr>
<tr>
<td>Defined procedures</td>
<td>Global supply market assessment</td>
</tr>
<tr>
<td>Logistics provider</td>
<td>Medical procurement tool</td>
</tr>
<tr>
<td>Quality Management Systems</td>
<td><strong>Warehousing &amp; Inventory Management</strong></td>
</tr>
<tr>
<td>Network of GMP auditors</td>
<td>QA domestic market assessment</td>
</tr>
<tr>
<td><strong>Cargo &amp; Logistics</strong></td>
<td><strong>Central/regional warehousing review</strong></td>
</tr>
<tr>
<td>Air vs. ocean shipment guidelines</td>
<td>Risk assessment tool to evaluate supply options</td>
</tr>
<tr>
<td><strong>Central/regional warehousing review</strong></td>
<td>Develop CO procurement plan</td>
</tr>
<tr>
<td>Central/regional warehousing</td>
<td>Risk assessment and management</td>
</tr>
<tr>
<td>review</td>
<td>Quality assurance training</td>
</tr>
</tbody>
</table>
Thank you
LUNCH BREAK

Session will re-start at 14:00
THANK YOU!!