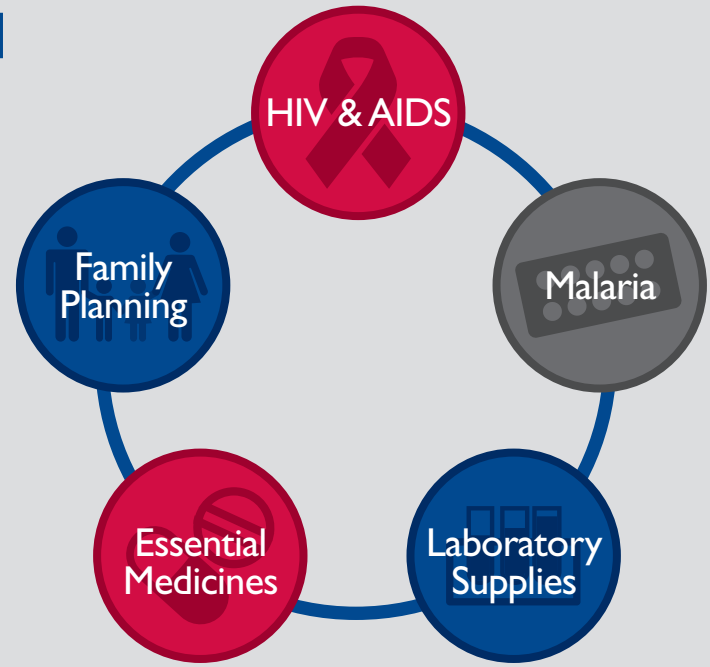


Improving Health Outcomes in Zambia

eLMIS: Automated Data for Integrated Health Logistics Management

Health programs rely on supply chains for adequate quantities and quality of health products for their patients. To meet patient demand and improve health outcomes, Zambia, in collaboration with Tanzania, built an electronic logistics management information system (eLMIS) that includes most major health programs in the country. eLMIS links health facilities with the central store to collect and distribute logistics data in real time. Knowing which medicines are used and which medicines are required helps supply chain managers provide continuity of supply for patients.



Why eLMIS?

- Faster, easier, and more accurate reporting of data
- Better data visibility for managers
- Better decisions regarding stock levels
- Reduced stockouts
- Better health outcomes

Benefits of eLMIS

- Generates cost savings by eliminating books and couriers
- Simplifies data gathering, reporting, and authorization through commodity integration
- Improves data quality and timeliness
- Increases accountability by improving data visibility to managers
- Reduces workload for health facility staff and logisticians
- Provides access to real time and historical data for more informed decisionmaking
- Can adapt to changes in existing and future logistics systems
- Developed to interface with other e-tools supporting health initiatives

Potential time-savings by using eLMIS

eLMIS	Manual LMIS
1 minute	5 minutes
1 minute	1.5 hours
1 minute	3-5 days
1 minute	1 day to 2 weeks
1 minute	10-30 minutes

Time it takes for health facility data to reach the central level

With eLMIS	With manual logistics systems
Less than 1 day	More than 15 days
1 week	1 week
1 minute	1-2 weeks

Estimated times based on observations at sites



The eLMIS project was made possible with contributions from Zambia Ministry of Health, Tanzania Ministry of Health and Social Welfare, Medical Stores Limited (MSL), Churches Health Association of Zambia (CHAZ), USAID, the Bill and Melinda Gates Foundation, the Rockefeller Foundation, The World Bank, Centers for Disease Control and Prevention, PATH, Village Reach, UN Commission on Life-Saving Commodities, and UNICEF.