

Supply Chain Management for Healthcare in Humanitarian Response Settings		
February 13, 2020		
Questions and Answers		
Question	Asker Name	Response
1 OFDA - is the Office of Foreign Disaster Assistance; not Federal as stated.	Kathleen Downs	Noted. This correction has been made.
2 Will it be possible to receive pdf slides after the presentation?	Rene van Eenberg	Yes, we have sent a follow-up message with a recording of the Webinar, a copy of the slides, and other resources. -- Greg Roche, JSI, greg_roche@jsi.com
3 Short timeline of project cycle and restrictions on in-country purchasing of pharmaceuticals pose a serious challenge to the supply chain system. How would such be handled?	Kenneth Obani	The major challenge of humanitarian health care supply chain efforts is delivering required commodities within a relatively narrow timespan. Efforts can be made on the supplier/procurement/sourcing side (entering stocking arrangements, prepositioning inventory, bartering or purchasing surplus supplies locally from partner organizations, and others) as well as transportation/delivery (conducting/utilizing rapid assessments, tapping into the Logistics Cluster, importing under emergency policies) to improve the likelihood of success and speed up the process under these constrained conditions. These measures, however, often require upfront investment in processes and systems that subsequently will strengthen an organization's ability to respond effectively later. The Addendum to the Supply Chain Manager's Handbook has more suggested practices to help in this area -- http://supplychainhandbook.jsi.com. Joe McCord, JSI, joe_mccord@jsi.com

4 In your opinion, what are some gaps in research in understanding supply chain management in a humanitarian crisis and improving effectiveness? Do we need more data on responses? Social and behavioral science insights to understand populations they impact? Cost-effectiveness studies?	Jamie Minchin	Numerous research centers and universities (Ga Tech's Center for Health and Humanitarian Logistics and MIT's Humanitarian Response Lab, among other) routinely conduct operations research in these areas. Formal operations research in this sector is challenging given the wide variety of contexts, but research at a global level, into inventory and logistics management information systems, procurement approaches, and last mile delivery are likely areas of broad interest. Joe McCord, JSI, joe_mccord@jsi.com
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5	Does the WHO generally indicate when mortality has plateaued and the emergency has moved from acute to protracted phase?	Eric Klunder	<p>The WHO does not indicate this in a formal way although they and partners do monitor mortality rates to determine when to activate and deactivate the health cluster according to humanitarian principles and in coordination with the Humanitarian Coordination system. The Sphere Handbook provides guidance and high level indicators for tracking mortality rates and determining what constitutes a humanitarian disaster -- https://spherestandards.org/handbook-2018/. The procedure for activating one or more clusters includes consultation between the Resident/Humanitarian Coordinator and the Humanitarian Country Team, and then correspondence with the Emergency Relief Coordinator on the rationale for each cluster and the selection of cluster lead agencies based on coordination and response capacity. The proposal is transmitted to the Inter-Agency Standing Committee's Principals and Global Clusters for approval within 24 hours, and then the Resident/Humanitarian Coordinator is informed accordingly. For more information on the procedures, please see the IASC Coordination Reference Module — https://www.who.int/health-cluster/about/cluster-system/cluster-coordination-reference-module-2015.pdf. The WHO and others in the humanitarian community are currently working on developing guidance on how (and when) to work in the humanitarian and development nexus or protracted settings through various stages of humanitarian response. The WHO Regional Office for the Eastern Mediterranean has made significant progress in this respect in the past year although these guidance are not yet supply chain specific. - Nadia Olson, John Snow Inc, nadia_olson@jsi.com</p>
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6	<p>In some cases the crisis may happen without any warning (e.g. earthquake). How then do we address issues in the preparation phase?</p>	Eric Wakaria	<p>One way to prepare for unexpected events is by conducting a risk management assessment and developing continuity of operations plans that looks at all priority supply chain operations (people, tools, assets, financing, etc) that will need to be maintained in the case of any disaster, by taking an all hazards approach. This will help partners agree on relative priorities, the systems, functions, and processes that will be adapted to maintain continuity, and plans to provide redundancy in the system or request support from other actors (local, regional, national, and international) if needed. Even for completely unforeseeable disasters, response "playbooks" and COOP plans can be developed which articulate generic actions, roles, and policy changes to undertake. JSI has compiled a list of preparedness tools and we can provide that list if requested. -- Nadia Olson, John Snow Inc, nadia_olson@jsi.com</p>
7	<p>What happens if there are funding restrictions, but also there are a huge possibilities of long led time to import pharmaceuticals?</p>	Md. Shariful Islam	<p>Long term agreements can be set up if minimum volumes can be guaranteed. Also, humanitarian partners often borrow and return supplies across projects or funding cycles. The challenge of short funding cycles is often managed by integrating the humanitarian organization's supply chain, so even if the funding is coming from different sources, the organization harmonizes its policies, procedures and systems to be able to manage the supply as one system to facilitate the difficulty with short funding cycles. -- Nadia Olson, John Snow Inc, nadia_olson@jsi.com</p>

8	<p>How can we estimate quantity and costs pharmaceuticals during emergency conditions?</p>	<p>Mohammed</p>	<p>UN organizations and inter-agency coalitions have developed guidelines, such as the Sphere Handbook that provide high-level estimates for the set of specific life-saving services and supplies needed to respond to acute emergencies. These estimates provide standard global estimates and are not tailored to local demographics or morbidity rates. For example the WHO's Interagency Emergency Health Kit 2017 is estimated to provide essential medicines and medical devices for 10,000 people for approximately three months -- https://www.who.int/medicines/publications/emergencyhealthkit2017/en/. Various online calculators, kit forecasting tools, and other available guides and tools can help you estimate or project needs, although they will not provide a detailed forecast and supply plan. These global estimates, and their associated costs, can be used in early stages of an emergency if more detailed data is not available about the beneficiary population. As soon as better demographic, morbidity, service statistics, and logistics data are available better forecasts and supply plans can be developed. -- Nadia Olson, John Snow Inc, nadia_olson@jsi.com</p>
9	<p>Thanks for this resourceful information. Please could you differentiate the difference between humaniratrian intervention and development intervention?</p>	<p>Lawrence Ekeoch</p>	<p>Practically, in a humanitarian response effort, international partners will be responding to a formal declaration of humanitarian operations followed by release of funding from humanitarian response funders. The overall goals of humanitarian response dictate the need for a faster, more responsive supply chain than in the case of development operations. If an acute emergency becomes protracted, then often the distinction becomes less clear between humanitarian and development situations and approaches. In recent years, there has been significant discussion about the humanitarian-development nexus and if you google this term you will find a large number of articles, initiatives, and meetings discussing the differences and overlaps between these approaches. The Addendum to the Supply Chain Manager's Handbook has more more information on this distinction. -- http://supplychainhandbook.jsi.com. Joe McCord, JSI, joe_mccord@jsi.com</p>

10	Are there tools to help quantify needs in case of emergency?	Thaddee Bienvenu	<p>There are limited quantification tools for humanitarian settings although there is a significant amount of peer reviewed literature on mathematical models that can be used to develop estimates when there is limited information about the beneficiary population. There is a collection of resources stored here -- https://community.iaphl.org/hcl/ and you can also search the PSM Toolbox -- https://www.psmtoolbox.org/. JSI has developed a Inter-Agency Reproductive Health Kit Forecasting Tool -- http://iawg.net/resource/inter-agency-reproductive-health-kits-country-forecasting-tool/ that takes the standard assumptions from the kits and applies them but also provides an option to override the standard estimates with country-specific information or consumption data. This tool does not however teach a user how to develop a quantification in a humanitarian setting. -- Nadia Olson, John Snow Inc, nadia_olson@jsi.com</p>
11	Do you have an example of electronic inventory management system in use by any organization usable in Humanitarian context?	Joshua Ngumbi	<p>JSI has created a repository of information systems that we can share with interested parties. These are generally not different from other systems but rather the requirements and policies change for how they are used -- Nadia Olson, John Snow Inc, nadia_olson@jsi.com. Msupply is likely an option (Ian Speers).</p>

12	<p>Are outbreaks like Ebola and coronavirus considered to be humanitarian crises? At times, some routine USAID-funded projects are asked by the donor for the preparedness of such outbreaks and emergency procurement of health commodities.</p>	Shahzad Akbar	<p>Outbreaks can be humanitarian crises, if international support is required and provided and the emergency has been designated by the UN. An emergency (Level 1, 2, and 3) is declared by the Inter-Agency Standing Committee of United Nations (U.N.) and non-U.N. global humanitarian agencies to ensure that the appropriate leadership structures are put in place for a coordinated, global response to a large-scale event. The L3 designation occurs most often when a crisis changes suddenly and significantly, requiring ramped-up efforts on multiple fronts—food, health, support to refugees, and so on. To make this determination, the committee considers the scale, complexity, urgency, capacity, and reputational risk involved with the crisis. Widespread outbreaks can definitely be designated as a humanitarian disaster. For example the Ebola outbreak in DRC is currently designated a Level 3 emergency. Preparedness and response support for these types of disasters will typically require a massive undertaking by the health supply chain. Many of the response challenges noted for other disasters will also apply in the case of outbreak response, although there are also some unique challenges as well. - Joe McCord, JSI, joe_mccord@jsi.com</p>
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13	Any thoughts on what and how digital technology can be deployed at each phase of the response?	RL	<p>Many organizations are using digital technology in humanitarian response. UNICEF, for example, is using digital and mobile technology to input data into their ERP, which is one of the most advanced systems being used to support humanitarian response in multiple locations by their Supply Chain Unit. UNICEF is taking steps still to integrate implementing partners into that system to track data after it extends beyond their custody. See excerpt from the documents provided below : "While careful adaptation of existing tools has been used to increase coverage and inclusion – such as participatory mapping of communities by residents of informal settlements, training drone pilots in affected countries or messaging applications disseminating information to displaced people – these benefits are still too often assumed as a natural consequence of adopting technology-based approaches. In reality, differences in access to and use of technology, often along gender, income or racial lines, constitute a ‘digital divide’ that means the benefits of these approaches are not evenly distributed, and leave many excluded." -- https://www.odi.org/blogs/new-technologies-are-changing-humanitarian-action-don-t-assume-they-ll-make-responses-more and https://www.odi.org/publications/16502-humanitarian-digital-divide. - Nadia Olson, John Snow Inc, nadia_olson@jsi.com</p>
14	How do we best estimate the number of cases in order to have better quantification?	Thaddee Bienvenu	<p>To estimate the number of cases in an emergency, managers can conduct rapid assessments with available data (from social media, news, satellite imagery, etc) or use proxy data from recently functioning logistics systems in the same locations. It can also be useful to have up-to-date demographic and morbidity data at the country level, or know/access sources of non-country specific data (from a country similar in geography, population, disease patterns, etc.) that could still be applied until better data can be obtained. -- Greg Roche, JSI, greg_roche@jsi.com</p>

15	To be fully aware of the process, I think it's mandatory for everyone in logistics to apply for training in emergency response team? Or not?	Oula Khachab	Training specific to dealing with emergency situations would be advantageous, particularly to prepare oneself to work on an emergency response team. There are many courses available which can be identified via the Global Health and Logistics Clusters and online searches as well as the International Association of Public Health Logisticians -- https://iaphl.org/ . Professionals can also rely on their regular training and adapt the principles from that material to the differences that might come up in emergencies, to help them strategize on how to deal with emergencies although this would not necessarily prepare them to be deployed as a first responder. -- Greg Roche, JSI, greg_roche@jsi.com
16	Is there any potential of fraud cases in managing supply chain in such situation and how would we handle that?	Anonymous Atter	There is a high potential for fraud in the fast-paced environments in which high-volumes of products are managed in complex settings. Familiarizing yourself with the Fraud Awareness Handbook published by OIG that was informed by actual experiences in the Syria response, can be very helpful -- https://oig.usaid.gov/index.php/node/22 . Tracking products at the unit level, including GS1 and barcoding technology can also help to improve accountability in health supply chains although it can be a challenge to implement in dynamic and low-resource settings in which disasters often take place. -- Nadia Olson, John Snow Inc, nadia_olson@jsi.com
17	For preparedness, how effective is it to select one or two preferred pharmaceutical suppliers globally by an INGO for 1 to 2 years to speed up their procurement and delivery process?	Muhammad Khan	Yes, it is a good preparedness measure to set up the initial steps required to establish long-term agreements with at least three qualified suppliers and to review these potential contracts frequently (not wait 1-2 years); however, this can usually not be done unless you can negotiate with suppliers that you will procure some minimum amount of supplies over an extended period. Having your suppliers pre-selected/pre-approved does shorten the procurement lead time process. It is not advisable to rely on one supplier and important to frequently verify the performance levels of the suppliers and the quality of the products, particularly for pharmaceuticals. Donors, such as OFDA and ECHO, require that you procure from prequalified suppliers or those you can demonstrate provide quality pharmaceuticals (see response from OFDA to question #19. -- Greg Roche, JSI, greg_roche@jsi.com

18	Is it necessary to consider the socio-cultural setting of the disaster area in designing response to a crisis?	Abdulrahman Ab	<p>Socio-cultural considerations are important particularly when entering a community one is unfamiliar with, including possible issues with a lack of trust in health service providers and underlying conflicts or tensions that may undermine the ability to access these areas or provide services and supplies. It is recommended to gather information on the populations being served, conduct conflict scans, and consider how interventions may impact the local culture and contribute to generating trust and goodwill among actors. The humanitarian principles -- humanity, neutrality, impartiality, and independence -- also can help ensure interventions are provided appropriately to local populations. Search for Common Ground provides useful resources for working in the humanitarian-development-peace nexus and understanding how culture and conflict relates to health service provision -- https://www.sfcg.org/category/resources/toolkits/. Nadia Olson, JSI, nadia_olson@jsi.com. For health services and supplies specifically, the socio-cultural background of a population is very important to response operations. For health and nutrition supply chains, this might predominantly take place during product selection, to ensure that source products are appropriate for the local populations. Joe McCord, JSI, joe_mccord@jsi.com</p>
19	When we manage projects with ODFA funds, we have to buy drugs through 11 international pre-qualified suppliers, is there discussion with OFDA to have particular authorization to go to local purchases?	Melissa Germain	<p>OFDA policies and procedures are set relative to USAID pharmaceutical quality assurance requirements. There is a process to request procurement from a non-OFDA prequalified source, which requires submission of substantial documentation related to quality assurance of the source and/or products. For questions specific to OFDA policies and procedures, please contact ofdapharmacists@usaid.gov (Daniel Forrister)</p>
20	What is the place of PHEOC in preparation and response to outbreak?	Thaddee Bienveni	<p>You can find detailed information on establishing a Public Health Emergency Operations Center here -- https://apps.who.int/iris/rest/bitstreams/1167232/retrieve and here -- https://www.ncbi.nlm.nih</p>

21	<p>Are there any general rules or advise on how we can manage multiple aid organisations who offer to help in different areas from products to technical?</p>	<p>Apolosi Vosanibo</p>	<p>To manage multiple aid organizations, ideally the country will have adapted roles and responsibilities across Ministries, standard treatment guidelines and essential medicine lists, often called minimum service packages, and data sharing requirements that you can activate in the case of an emergency. In addition, the local authority is usually the lead agency in the cluster system and can ask organizations to coordinate and harmonize their efforts through these systems. Coordination, policies, and guidelines can help you manage external actors and encourage them to adhere to your procedures and in the best interest of the population's you serve. It is critical however, that some of the routine procedures, for importing health commodities for example, be streamlined to the extent possible, to avoid undue delay in an acute emergency response. Also, in some cases, local government may have completely collapsed or is acting out of concert humanitarian principles and human rights. In these cases, it become much more difficult to harmonize assistance. -- Nadia Olson, John Snow Inc, nadia_olson@jsi.com</p>
22	<p>What best modality will be useful in achieving last mile distribution in areas facing insecurity?</p>	<p>Sampson Ezikean</p>	<p>To achieve last mile distribution, aside from trying to prepare and have ready whatever regular transport is available, you can also identify ahead of time any additional/alternative transport that might be accessed in an emergency, such as private transport providers (3PL) or the Logistics Cluster in-kind support and accessibility. One could also try to use "any" other means of transport, recognizing that it may not be ideal but is acceptable in cases of emergency. If it truly is an insecure situation due to e.g., rebels or conflict or lack of access due to washed out roads, then negotiating with local actors on humanitarian grounds -- according to the humanitarian principles -- or finding alternative routes can help lifesaving products be delivered without impediments. It is advisable if you are unfamiliar with the local context or these types of negotiations to do so together with the humanitarian coordinating bodies, as joint negotiations can often be more effective or draw on organizations with significant experience in the area and who have established relations with local authorities -- Greg Roche, JSI, greg_roche@jsi.com</p>

23	How we can improve the infrastructure to support value-based purchasing?	Kashif Shafique	<p>The UK Health System has made significant progress in developing their systems and processes for value-based procurement. These systems and processes are set up in a standard, stable system. --http://www.medtechviews.eu/article/value-based-procurement-users-guide-improving-outcomes-and-delivering-efficiencies-uk. I am unfamiliar with extensive work in this space that benefits the humanitarian health sector but welcome other's input if they are familiar with any effective approaches. The Global Fund's efforts to improve value-based procurement however, that operates in many fragile and humanitarian settings, is perhaps a good first step in this direction -- https://www.theglobalfund.org/media/6924/psm_2017-10-globalfundunicefpmillinsupplierandpartnermeeting_presentation_en.pdf?u=636537049020000000. Nadia Olson, John Snow Inc, nadia_olson@jsi.com.</p>
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