



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

TECHNET - DAY 4

DR. GUYLAIN KAYA

EPI, NATIONAL COUNTRY DIRECTOR DRC

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

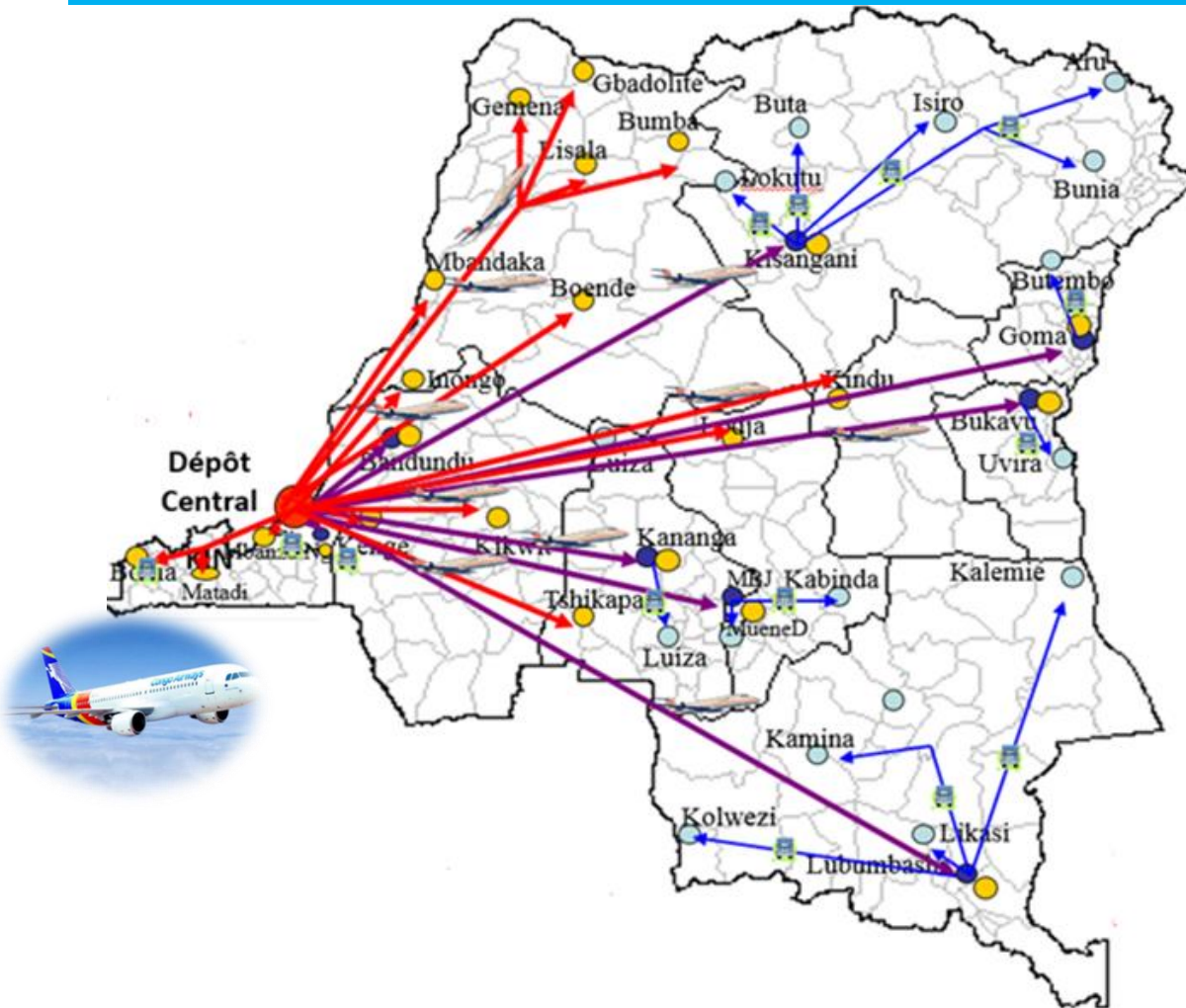
- WPV controlled since 6 years
- 8830 health centers
- 4350 new refrigerators
- 44 cold rooms at provincial levels
- 20 cold rooms at national

Supply Chain challenges: Why DRC's Supply Chain Is a «Casse-Tête»

Accessibility	<ul style="list-style-type: none">• Large distances• Difficult roads• High transport costs
HR	<ul style="list-style-type: none">• Staff unstable and not motivated• Insufficient supervision
Cold Chain	<ul style="list-style-type: none">• Insufficient cold chain• Lack of maintenance



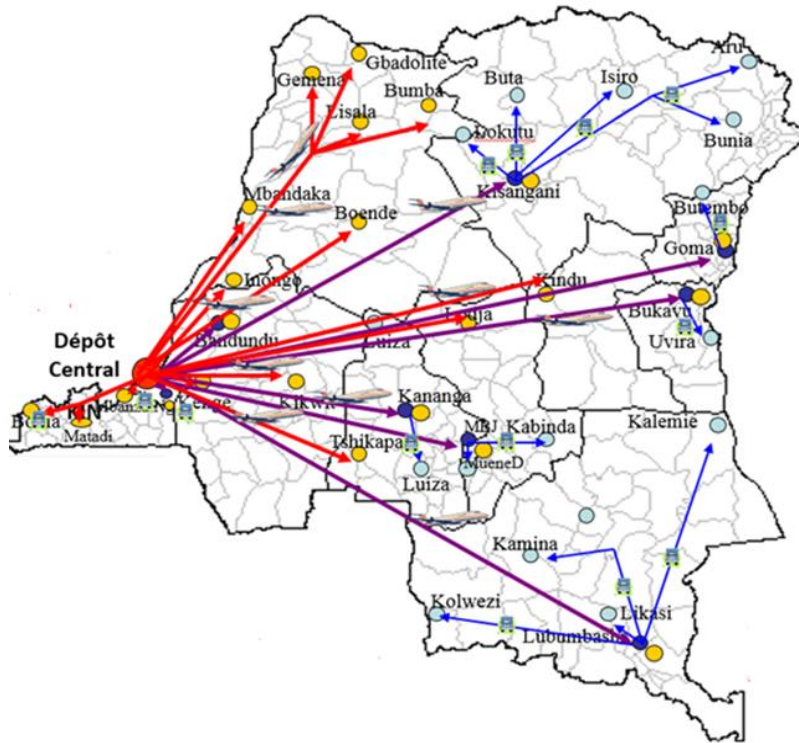
Distribution is Complex and Expensive



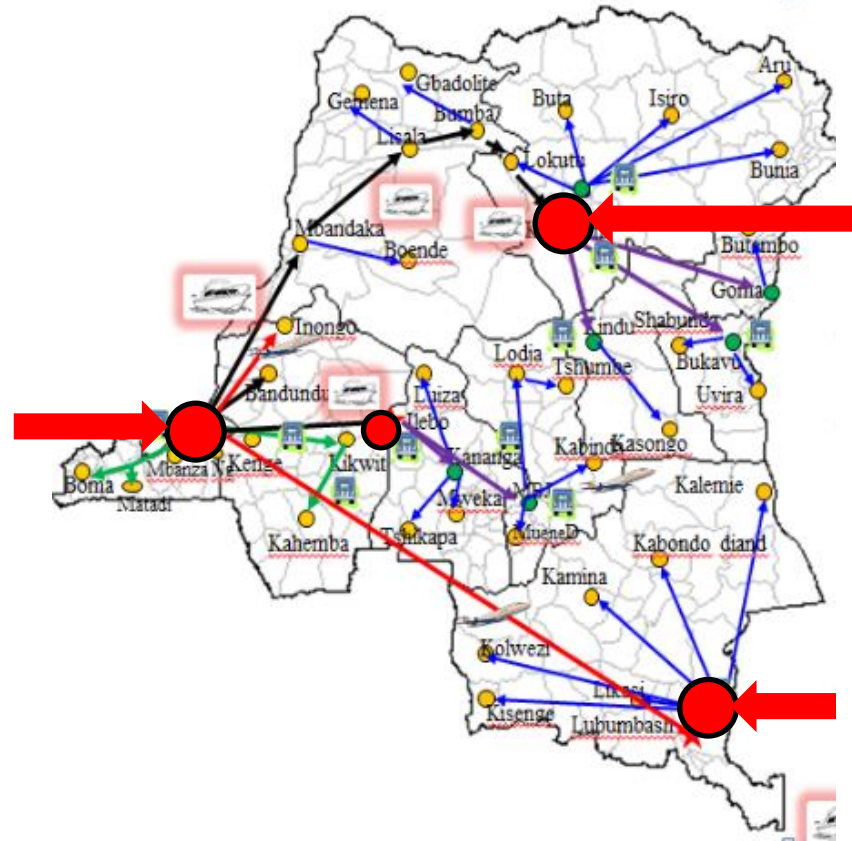
- Single point of entry
- 80% distribution by plane
- More than 27 destinations
- More than USD\$2M yearly

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;
- ¹⁰ 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 vaccins cold rooms and provide all health in solar refrigerators.

THANK YOU FOR YOUR ATTENTION

QUESTIONS???