

THE 11TH GLOBAL SUPPLY SUPPLY CHAIN SUMMIT 2018

PURPOSE

The 11th Global Health Supply Chain Summit (GHSCS) held for three days from 28 November to 30 November, 2018 at Radisson Blu Hotel in Lusaka, Zambia. Participants at the summit gained knowledge on:-

- (a) Accelerating global health supply chain excellence through better supply chain system design.
- (b) Innovative financing for health supply / demand / performance,
- (c) Deployment of new technologies (e.g., drones, sensors, digital health, etc.) & integrated information systems.
- (d) Case studies, strategies, and frameworks from practitioners and academics.

BACKGROUND

Global Health Supply-chain management involves the distribution of critical health commodities and other commodities throughout a trans-national organizations' global network to maximize value and minimize waste for clients thereby improving the lives of vulnerable populations. Essentially, global health supply chain-management focuses on organizations that are trans-national which concentrate on logistics management, competitor orientation, customer orientation, supply-chain coordination, supply management, and operations management. The 11th Global health Supply Chain summit in Lusaka focussed on the prevention and cure of much of the world's burden of diseases with known and affordable technologies. It also aimed at solving the problem of not getting drugs, vaccines, information and other forms of prevention on time. The Global Health Supply Chain Summit (GHSCS) brought together academics, country planners, NGOs, logistics practitioners, pharmaceutical companies, and donor representatives to discuss emerging trends and tools in global health supply chains.

In light with above background, with support from **IAPHL** five people from developing countries were sponsored to attend the Global Health Supply Chain Summit in Zambia. They are Pasi Sirewu from Zimbabwe, Pholile Maphalala from Swaziland, Guylene Feudjio Voutsa from Cameron, Lameck Manda from Malawi and Akbar Ali Rabanni from Pakistan.

Participation/Photographs



Contacts made/Networking

Name of Contact	Organisation and Position
Daison M Machinyise	JSI –Systems Implementation Manager
Pray Gwatinyanya	WFP-Logistics Officer
Jan Van Rooyen	Resolve-Strategic Solutions Lead
Tapiwa Mukwashi	Village Reach-Senior Manager, Supply Chain
Manjusha Pingali	Logistimo-Deployment Lead
Rache Msimuko	MSL-Inventory Manager
Elizaeth Igharo	IAPHL-Executive Director

Lessons learnt/Key takeaways

- Governments need to fund themselves and should be able to manage donor funded activities on their own.

- There should be hotlines to be used by patients in the reporting of high stock outs experienced in the communities' health facilities.
- Need to engage communities and stakeholders through lectures, songs and door to door campaigns as ways of improving access to medicines
- The robust supply chain technologies can be used to lower the health supply costs (procurement, storage, transportation management) in some of the developing countries.
- The people in the developing world can now have access to public and private health because of supply chain management, cold chain, freight transportation, crowd sourced transport, demand generation and technology driven transport planning.
- Countries can use Unmanned Aerial Vehicles (UAV) system such as drones to deliver health commodities in hard to reach areas.
- Much was heard of the IAPHL activities, partnership, membership, job opportunities, health supply experts and the country chapters.
- The launch of IAPHL Zambia Chapter by Executive Director Liz Igharo on 30 November at Protea Hotel in Lusaka. IAPHL has got over 6000 members. About 9 countries have got IAPHL chapters.

Next Steps

- Advocate with Zimbabwe Government for domestic funding on health commodities.
- Increase the demand generation of health commodities.
- Employing the use of modern technologies such as drones in Zimbabwe.
- Establishment of the IAPHL Zimbabwean Chapter by the year 2019

Compiled and Submitted by:-

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