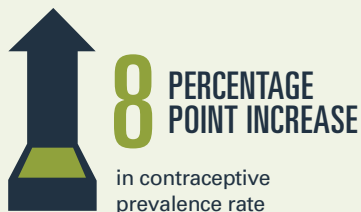


INTEGRATING THE PRIVATE SECTOR INTO SENEGAL'S PUBLIC HEALTH SUPPLY CHAIN



IMPACT BY THE NUMBERS



to be included in the IPM-3PL by the end of 2017

COUNTRY	Senegal
SCALE	Nationwide
TIMEFRAME	August 2013 – present
PARTNERS	Senegal Ministry of Health and Social Action (MoHSA), Senegal National Supply Pharmacy (PNA), IntraHealth International, Bill & Melinda Gates Foundation

OVERVIEW

Contraceptive use is one of the most cost-effective ways to reduce maternal mortality, potentially averting one-third of maternal deaths by reducing the overall number of pregnancies and helping women to adequately space births.

In 2011, more than 80% of sampled health facilities in Senegal experienced stockouts of at least one type of contraceptive. Due to bottlenecks in the supply chain, women often were unable to access the products they needed to prevent pregnancy and space their births. Nearly one-third of married women in Senegal at that time who wanted to prevent pregnancy had no access to contraception.

Working together, Senegal's government and National Supply Pharmacy (PNA) and IntraHealth International, with support from the Bill & Melinda Gates Foundation, piloted an innovative supply chain model adapted from the commercial sector that relied on private third-party logistics providers (3PLs) to deliver contraceptives directly to "last mile" health facilities. The model, known as the Informed Push Model (IPM-3PL), aims to improve health outcomes, including lowering the country's maternal mortality, by ensuring reliable access to modern contraceptives. After six months of implementation of the IPM-3PL, fewer than 2% of health facilities in the pilot district had stockouts.

In 2013, *MSD for Mothers* joined the effort to scale the IPM-3PL nationwide and ensure its long-term sustainability. In less than three years, the IPM-3PL has reached all public health facilities in Senegal, significantly reducing contraceptive stockouts nationwide. Given this success, the model is now being extended to include essential commodities for maternal health, HIV/AIDS, tuberculosis, malaria and other conditions.

SUCCESSES



Dramatic reductions in contraceptive stockouts

The direct delivery model that integrates private logistics providers created a more efficient delivery system to nearly eliminate contraceptive stockouts and allow more method choice across Senegal's 14 regions.



Sustainability plan

The government of Senegal and PNA have agreed to take over financial and managerial ownership of the IPM-3PL by the end of 2017 as well as expand the model to include up to 100 essential commodities over time, as part of a greater supply chain strategy called "Yeksi Naa" ("I have arrived").

THE IPM-3PL MODEL

THE “LAST MILE” COMPONENT OF THE YEKSI NAA SUPPLY CHAIN

The IPM-3PL is a direct delivery supply chain system that integrates private logistics providers into the “last mile” delivery of commodities to health facilities. It is designed to resolve bottlenecks in the public supply chain, including:



Commodity flows: Private logisticians routinely visit health facilities to assess consumption of products, forecast needs and stock commodities using a “mobile warehouse,” freeing health workers to focus on care delivery



Data flows: Commodity consumption data is collected on-site via tablet and transmitted in real-time to health authorities, which allows for accurate forecasting and the ability to pinpoint challenges with stock availability



Financial flows: Health facilities only pay for commodities once patients have bought them and not when they receive the stocks. This ensures stock availability even when health facility funds are limited



Simplification: The model has expanded to include more essential commodities, thus eliminating parallel supply chains

LESSONS LEARNED

- ✓ Outsourcing parts of a public supply chain can be affordable; a supply chain model integrating competing private companies into the public health supply chain in Senegal is less expensive and more effective compared to a publicly run model
- ✓ Using performance-based contracts for private sector logistics providers can increase efficiency and drive performance, while significantly advancing public health goals
- ✓ Adjusting financial flows so that health facilities only pay for commodities after purchase prevents stockouts and promotes more choice of products
- ✓ A real-time data system supports better decision-making, and should be open and accessible to health authorities at all levels of the supply chain; it also promotes a broader mix of contraceptives, by providing recommendations on commodities to restock
- ✓ Integrating traditionally vertical supply chains across multiple therapeutic areas is feasible and can increase efficiencies
- ✓ A pathway to operational and financial sustainability should be built into the public-private supply chain model from the outset

WHAT'S NEXT

- ✓ The model will be expanded in Senegal to include additional essential commodities for maternal health, HIV/AIDs, tuberculosis, malaria and other conditions
- ✓ The London School of Hygiene and Tropical Medicine is conducting a robust impact assessment of the model to enhance the global dialogue around supply chains in low- and middle-income countries
- ✓ *MSD for Mothers* is identifying opportunities to support other low- and middle-income countries interested in integrating the private sector into their public health supply chains

