

## **STEERING HEALTH LOGISTICS INTEGRATION IN NIGERIA**



Access to essential medicines is critical to achieving universal health coverage and is also recognized as a key building block of a strong health system. Medicines and health products are important for addressing health problems and improving quality of lives. They form an indispensable component of health systems in the prevention, diagnosis and treatment of disease and in alleviating disability and functional deficiency.

Critical stakeholders, not limited only to supply chain, have over the years recognized the need to improve the pharmaceutical and health product management practices in the country, noting that a number of challenges still hinder proper access to healthcare.

Some challenges include stock-outs of essential supplies that continue to be experienced in a number of health facilities even while expiries are noted in others, warehouses and distribution systems not meeting minimum standards, decreased visibility in reporting across disease areas, and lack of basic logistics management control/information systems. Additionally, multiple supply chains that are often not very well coordinated have tried to address the immediate needs for access to health care products, which while well-meaning have also created some challenges on the other hand. Inefficiencies due to poor coordination/ integration/ harmonization are evident, as is duplication of some supply chain activities.

Led by the Federal Government of Nigeria, a team of Nigerian supply chain experts, including Principal Recipients of Global Fund, Donors and their implementers, and Private Sector have arrived at a consensus on the future direction and immediate priorities for change.

### **Mandate**

The Steering Committee was set up to provide oversight function to the Nigerian Supply Chain Integration project for a three (3) year period. It may be extended, if necessary, according to the analysis of the situation as agreed by the government and donors. The Steering Committee has the following specific mandates;

- Resource Mobilization and Allocation
- Alignment of Initiatives
- Priority setting for investments
- Long term governance beyond the 3 years of the integration project
- Contracts, Service, Quality and Cost Performance Management
- Govern supply chain design decisions

## Initiation

The Nigeria Supply Chain Integration Project (NSCIP) emerged from the National Product Supply Chain Management Programme (NPSCMP) of the department of food & Drugs Services in the Federal Ministry of Health. A Steering Committee was inaugurated in March, 2015 by then Minister of Health Dr. Haliru Alhassan with the then Permanent Secretary; Mr. Linus Awute as Chairperson.



*\*Former PSH; Mr. Linus Awute<sub>mini</sub> (5<sup>th</sup> right) meets with Stakeholders (Dec. 2014) and was the Steering Committee's first Chairperson*

Key stakeholders of the steering committee include; FGON, The Global Fund, USAID, UNFPA and Bill Melinda Gates Foundation. The Steering Committee meets quarterly or exceptionally as the needs arises.

After initiation, the Federal Ministry of Health through the Steering Committee allotted a building to the programme and over-saw the posting of civil servants to the Project. Consultants were recruited to mentor government staff on specific areas of logistics and project management. This co-location of staff ensures easy transfer of skill and fosters on-the-job trainings which led to speedy execution of task. Staff anchored strategic work areas like;

- Federal and State coordination
- Warehousing and Distribution
- Logistics Management Information System (LMIS)/Logistics Management Coordination Unit (LMCU)
- Communications and Change
- Accounts
- Admin and Management.

## Implementation

The Ministry in ensuring that the mandate of the Project is met commenced project implementation 14 states as pilots. These states alongside the Federal level are to benefit from intense technical and some resource mobilization all geared towards ensuring that systems are assessed with gaps filled towards optimization.



*\*Then Steering Committee Chairperson/Former PSH; Dr Amina Shamaki (7<sup>th</sup> left) meets with PSM Stakeholders (Nov. 2015)*

The Steering committee, under the stewardship of then Permanent Secretary, Dr (Mrs) Amina Shamaki steered integration into her implementation phase with the following key activities embarked;

- Engagement of Capacity Building Services Providers to anchor and roll out the mandates of the Project in Federal/State coordination, Warehousing/Distribution, Communications/Change and LMCU/LMIS
- Penetration/Advocacy visits to top hierarchy of the 14 states on the need to support the LMCU via creation of awareness & sustainable funding stream via the state budget
- Support to established state LMCU with the provision of 2 PSM consultants to each state to build capacity of staff and provide support
- Federal level needs/skill assessment and recommendations on training requirements
- Operationalization/Work plan technical assistance to focal 14 states
- Trainings and capacity building on forecasting, quantification, project management, warehousing best practices e.t.c.
- Road mapping of PSM in the country with stakeholders from disease programmes and partners and agreeing on model systems that can be adopted across specific logistics work streams.

## Transition

To ensure and sustain the pace and momentum of implementation particularly in the aftermath of the Global Fund's Office of the Inspector General's (OIG) report indicting PSM processes in-country and highlighting inefficiencies in the manner of health commodity storage in the country, the NSCIP has galvanized and put in place pragmatic approaches regarding warehousing and distribution practices and operations.



*\*Steering Committee Chairperson/ PSH; Mrs. Binta Adamu Bello (4<sup>th</sup> left) with the Global Fund, Team Dept. Of Food & Drugs and the NSCIP (Aug. 2016)*

Under the leadership of the present PSH/Chairperson of the Steering Committee; the Nigeria Supply Chain Integration in the Dept. Of Food & Drugs services have set in motion some transitional measures to curtail the drawbacks identified in the OIG report and curb most of the PSM inadequacies in the country. The follow measures have been commenced or embarked by the Ministry through the project;

- Identification of 6 zonal hubs (Lagos, Abuja, Gombe, Imo, Sokoto & Calabar) with a standardised business plan.
- Program specific estimation of current and projected in-country commodity needs and warehousing capacities across the zonal hubs.
- Piloting of integrated warehousing and distribution in Sokoto & Calabar with a PPP model used to manage the facilities (from January 2017).
- Use of Standard Pharma-grade (Warehouse-in-a -box) facilities in Abuja (December 2016) and Lagos (March 2017) to improve in-country warehousing and distribution

- Enhanced capacity of State LMCU to develop distribution plans and coordinate activities of third Party logistics (3PLs).

As the Transition gathers momentum, the scope of the project has been scaled-up to the rest of the country from the 14 states and to other program areas with focus on LGA/grass root systems integration & strengthening.