



COMPASS INITIATIVE SERIES: ADAPTATIONS

Adaptations used to ensure contraceptive access during the COVID-19 pandemic

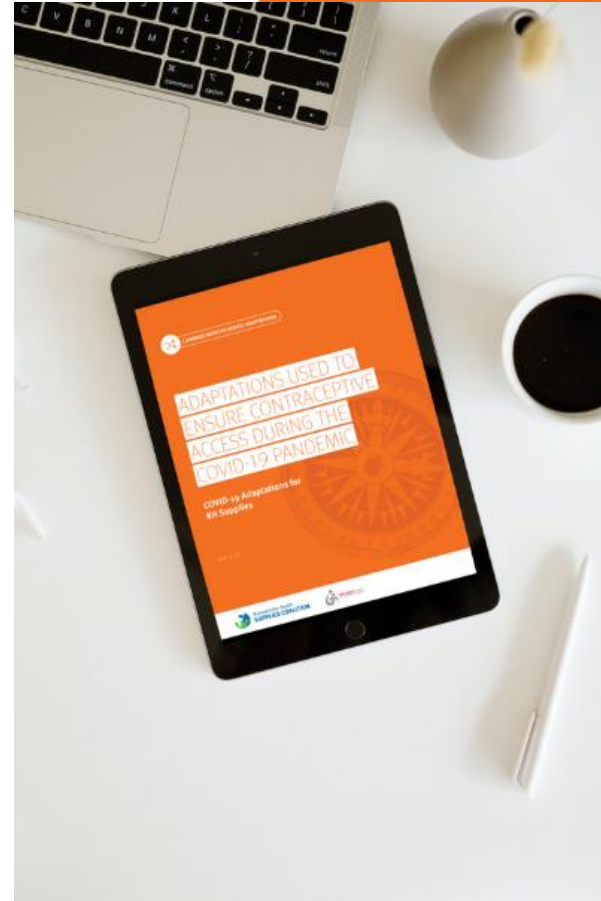
COVID-19 Adaptations for RH Supplies

Agenda

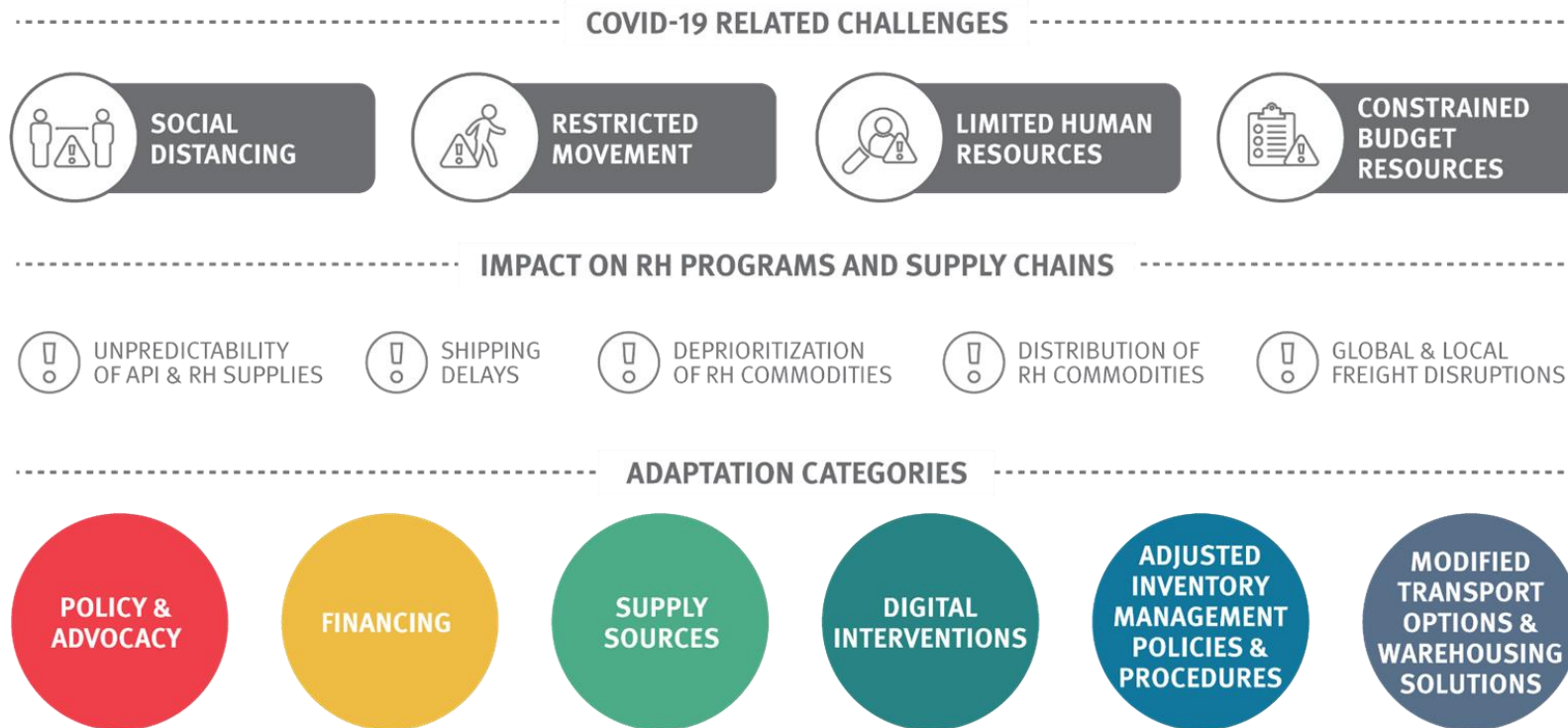
- 2:15 pm - Presentation on the framework and key findings - Wanjiru
- 2.25 pm - Break out session - 6 groups as per the adaptation categories
- 2.45 pm - Break out session report out & concluding remarks - Rapporteurs

Findings

This report shares all findings from the assessment and focuses on examining **strategic supply chain adaptations that have been considered, attempted, or implemented, if they have been sustained or discarded, and the lessons that can be learned** by the RH community. The report aims to enhance supply chain resilience and performance in both current and future crises.



Strategic Adaptation Framework



The strategic framework identifies actions taken to minimize disruptions in product and service access. The three levels of the framework were:

- The COVID-19-related challenges
- The impact on RH programs and supply chains
- The six strategic adaptations implemented in different countries

Figure 2 Strategic framework of adaptations

At the outset of the pandemic, nations around globally employed COVID-19 containment measures, which significantly hampered the capacity of public and private institutions to deliver required products and services, exacerbated by fears of the spreading virus. In response, stakeholders and reproductive health (RH) experts employed advocacy and legislative measures to solve supply chain challenges.

Modified COVID-19 guidelines and directives to facilitate movement of people and products required for essential services

- Countries issued personnel with “COVID-19 passes” (labeled differently across each country) that would allow their movement despite lockdowns.
- Enacted policies to enable the movement of people and commodities by classifying RH services as essential.
- Used online platforms for RH advocacy of continued RH service delivery with stakeholders.

Revised national policies to enable RH commodity access, including community-based distribution (CBD) and updated dispensing protocols

- Policies were passed to allow CBD of contraceptives, which reversed the slowing demand seen early in the pandemic.
- Some countries revised dispensing protocols for short-acting methods, providing clients with multi-month dispensing to reduce the number of clients visiting health facilities for products and services.

1. Policy & Advocacy



Certain changes made to the supply chain to reduce the chance of disruptions had financial consequences. Worldwide, in-country, and partner finance approaches were considered to improve access to reproductive health (RH) supplies.

Manufacturers and Social Marketing Organizations (SMOs) absorbed additional short-term costs

- Four pharmaceutical manufacturers in long-term agreements chose not to renegotiate contracts despite increasing unit costs. Instead, they absorbed the extra expenses, accepting lower short-term profit margins to fulfill commitments to all customers.
- SMOs opted to accept lower margins rather than pass down the cost increase to their clients.

RH stakeholders leveraged partnerships for funding and increased investment in RH products

- MOHs through partnerships with Implementing Partners, requested additional support from bilateral and multilateral partners, and other donors to address RH supply gaps.
- Partnership and collaboration among local organizations and stakeholders in the RH space continued to enhance procurement and access to services.

2. Financing



During the pandemic, refocusing resources and priorities highlighted supply chain flaws, emphasizing vulnerabilities in RH commodity and industrial component suppliers. Actors in the RH supply chain adapted to reduce sourcing risks for manufacturing inputs and RH products.

Negotiation among suppliers of raw materials and components to increase inventories

- Manufacturers sought to secure pricing and quantities through MOUs in addition to their long-term supplier contracts for APIs and manufacturing components like vials and packaging cartons.
- Other companies placed large advance orders for the different components needed in manufacturing their RH products and stored more raw materials on site.

Explored the use of alternative suppliers

- Organizations addressed gaps by forging relationships with new suppliers to diversify their supply base and mitigate risk, as different regions and suppliers were impacted by the pandemic at varying times.
 - PSK located an alternative condom manufacturer in a different part of India which was experiencing lower infection rates, and engaged them as a second supplier.

3. Supply Sources



Disruptions in global supply chains resulted in local logistical delays and supply shortages. Restrictions on movement disrupted regular supply planning activities. Digital intervention adaptations made use of various technologies, including new or adapted digital and mobile applications, platforms, and systems, to address challenges in reproductive health (RH) supply chains.

Adoption of digital platforms for training, orientations, and supervision for service delivery

- Several organizations adopted virtual platforms to ensure the continuity of services and availability of RH products and to minimize disruptions in supply chains.
 - PATH, through the Access Collaborative project, conducted regional orientation meetings in DRC, Madagascar, and Senegal with MOHs and regional management teams to introduce online courses on DMPA-SC self-injection.

Amended or developed processes and tools for streamlined, virtual decision making

- Organizations quickly adopted digital platforms to enable collaboration among their now dispersed teams and to re-capture efficiencies that may have been lost with the sudden shift to remote work.
 - One manufacturer emphasized the importance of adopting these platforms for cross-functional committee convening, timely global team communication, and streamlined approvals through digital signatures.

4. Digital Interventions



Supply chains in countries across SSA saw delays in processing at shipping points, lack of logistics personnel, increased shipping costs, and movement restrictions, all leading to longer supply lead times and a higher risk of stockouts.

Adaptations were applied to in-country logistics, supply chain standard operating procedures and other supply chain management policies, to overcome logistics challenges.

Adjusted inventory levels and reorder frequency

- Across a number of organizations, a common adaptation was to re-evaluate order levels to accommodate longer and unpredictable lead times and to maximize stock availability.
 - This was particularly applicable to condoms, which, before the pandemic, had shorter lead times and were not ordered in large quantities due to packaging bulkiness and storage space requirements.

Commodity redistribution within and across countries

- In response to disrupted supply chains and associated shortages of RH products, initiatives were introduced to redistribute these commodities from overstocked areas to undersupplied or stocked-out regions
 - This adaptation was used nationally, between countries, and regionally, as well as across public and private sectors within countries.

5. Adjusted inventory management policies & procedures



Congested ports prioritized pandemic-related shipments, incurring significant delays. Attempts to alleviate supply bottlenecks occasionally necessitated the need for more storage capacity. RH supply chain actors responded by changing transportation options and using new warehousing solutions to ensure the continuous availability of services and products.

Expanded warehousing and increase storage space

- Manufacturers and SMOs secured additional warehouse space to accommodate increases in stock levels and shifted warehouse locations to enable more efficient use of all warehouse space. However, in some instances, relocation of warehousing facilities led to cost savings of up to 30% as reported by PSK, due to the cost differential in lease rates and warehousing costs.

Utilized new distribution and service delivery channels for accessing RH products and services

- Pharmacies, SMOs, and telemedicine providers adopted the use of motorbikes as a quick and reliable method to deliver RH products or customized orders that included RH, straight to consumers' homes.
 - Due to COVID-19 exposure concerns and government restrictions, many clients turned to online shopping to access RH products, particularly oral contraceptives and male condoms.

6. Modified transport options & warehousing solutions



Key Learnings & Observations

1. Policy & Advocacy



- **Early engagements** and activities to prioritize RH services and access were critical to facilitate the movement of essential personnel for RH supplies and maintain client access to RH products and services.
- Comprehensive policies to assure continuity in access to RH products and services should be **designed and enacted in advance of emergency** situations, to include considerations for supply chains.

2. Financing



- Emergencies necessarily have an unexpected financial impact. Pooling resources and exploring new partnerships may **unlock access to funds** and resources.
- **Co-financing mitigated** the diversion of resources away from RH programming during emergencies and served as an effective long-term strategy to support governments to increase their overall budgets for RH commodities.

3. Supply Sources



- The absence of local RH manufacturers likely disadvantaged SSA as 100% of RH supplies are imported from outside the continent. The **localization of suppliers and decision-making** supports resilient supply chains.
- RH product **self-reliance on the continent** is imperative. There's an opportunity to facilitate discussions between key stakeholders to ensure RH supply self-reliance is prioritized at the onset of self-reliance conversations.



Key Learnings & Observations

4. Digital interventions



- Digital interventions enabled data visibility and use and unlocked responsiveness, resilience, and agility. **Timely and complete data visibility** across multiple stakeholders enables products to be redistributed within countries and regions, informs changes in inventory and ordering procedures and supports the identification of alternative supply sources, ultimately maximizing product availability.

5. Adjusted inventory management policies & procedures



- The adaptations to logistics management procedures adopted at the global and country level – including adjusting inventory levels and reorder periods and redistribution of products – illustrated that a more **agile approach to logistics management** could help to counter global supply disruptions.

6. Modified transport options & warehousing solutions



- Actors throughout the supply chain were able to take practical decisions about moving and **storing inventory and orders** to ensure supply and reach clients.
- Provision of quality RH services and supplies through **community based distribution** and **mobile outreach programs**, including when integrated with other healthcare services, as appropriate is a cost effective strategy in emergency situations.



Breakout session



Select any 2-3 Questions for the Breakout Session

1. Which illustrations/examples of the adaptation were not familiar to you?
2. Which illustrations/examples of the adaptation were familiar and have seen it work in a different/similar context and what critical factors made it work?
3. What makes RH supply chain systems "strong"? Did any of these adaptations enhance the strength of RH supply chains?
4. What adaptations made the current RH supply chain systems more client-centered?
5. Any highlights/key takeaways that could be explored/employed in your spheres of influence?
6. Are there examples of these adaptations that have been institutionalized and/or formed part of the current RH supply chain system?

Thank you!

