



Leveraging technology to ensure stock availability, good governance and systems accountability in Pakistan

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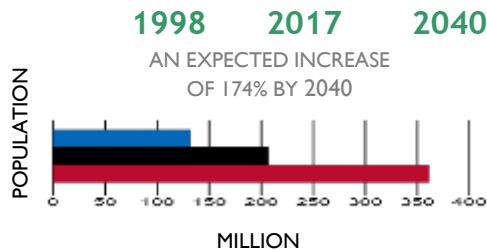


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Health security lies within youth of Pakistan

POPULATION ¹



64%² < 30 years

CONTRACEPTIVE PREVALENCE RATE (CPR)

CPR³ in Pakistan is **34.2 %**; as compared to 35.4% in PDHS Survey 2012-13



¹ Census 2017

² <http://hdr.undp.org/en/content/unleashing-potential-young-pakistan>

³ PDHS Survey 2017-18 <https://www.dhsprogram.com/publications/publication-fr354-dhs-final-reports.cfm>

⁴ https://data.unicef.org/wp-content/uploads/country_profiles/Pakistan/country%20profile_PAK.pdf



INFANT MORTALITY

³ Infant mortality in Pakistan is **62** deaths per 1,000 live births

UNDER-5 MORTALITY

³ Under-5 mortality is **74** deaths per LBs; which went down from 89 in 2012-13 DHS).

NENOATAL MORTALITY

³ **45.6** deaths per 1,000 live births

MATERNAL MORTALITY

⁴ **178** deaths per 100,000 live births



CONTRACEPTIVE AVAILABILITY

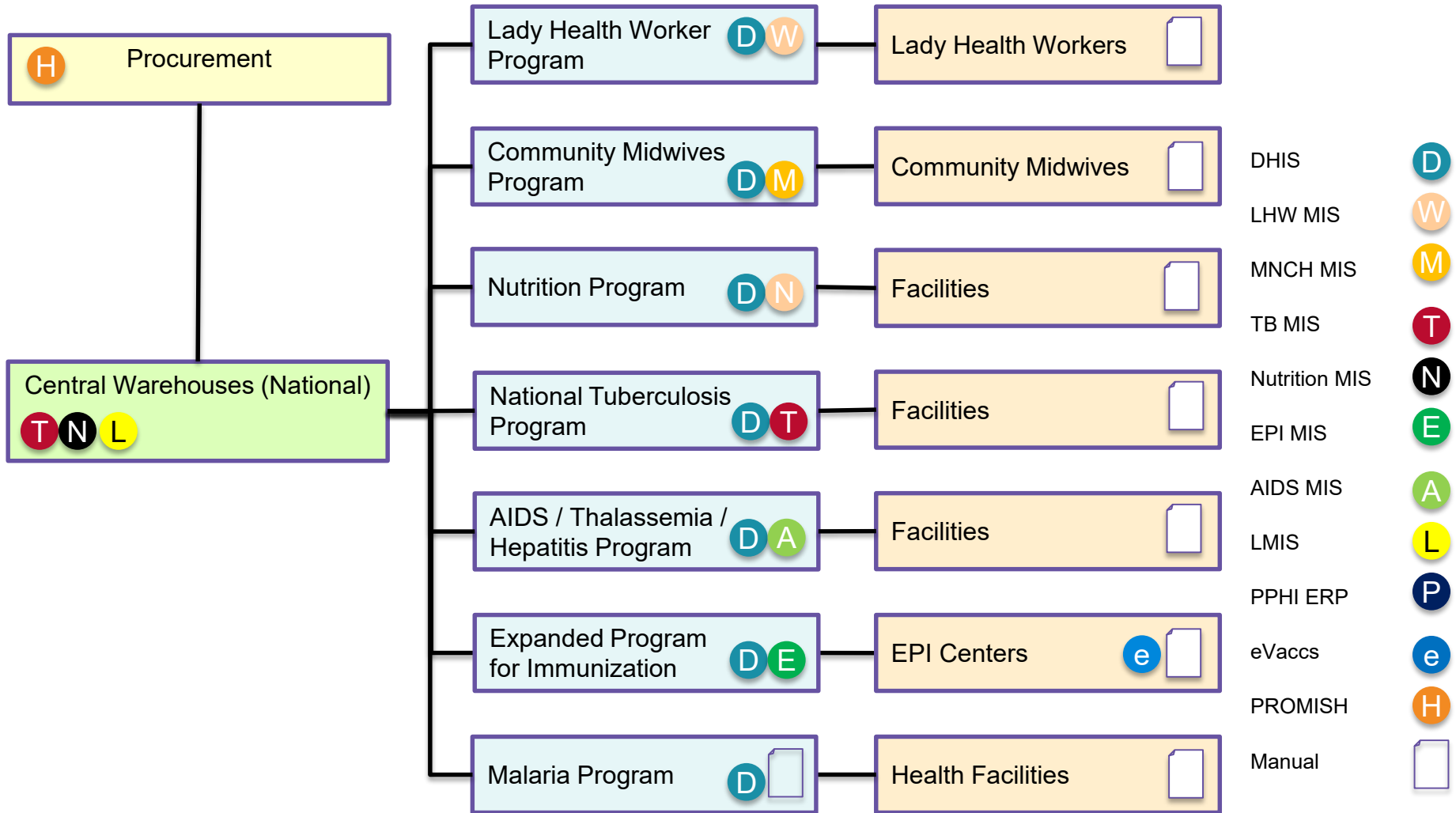
Product availability increased from **60%** in 2010 to 84%



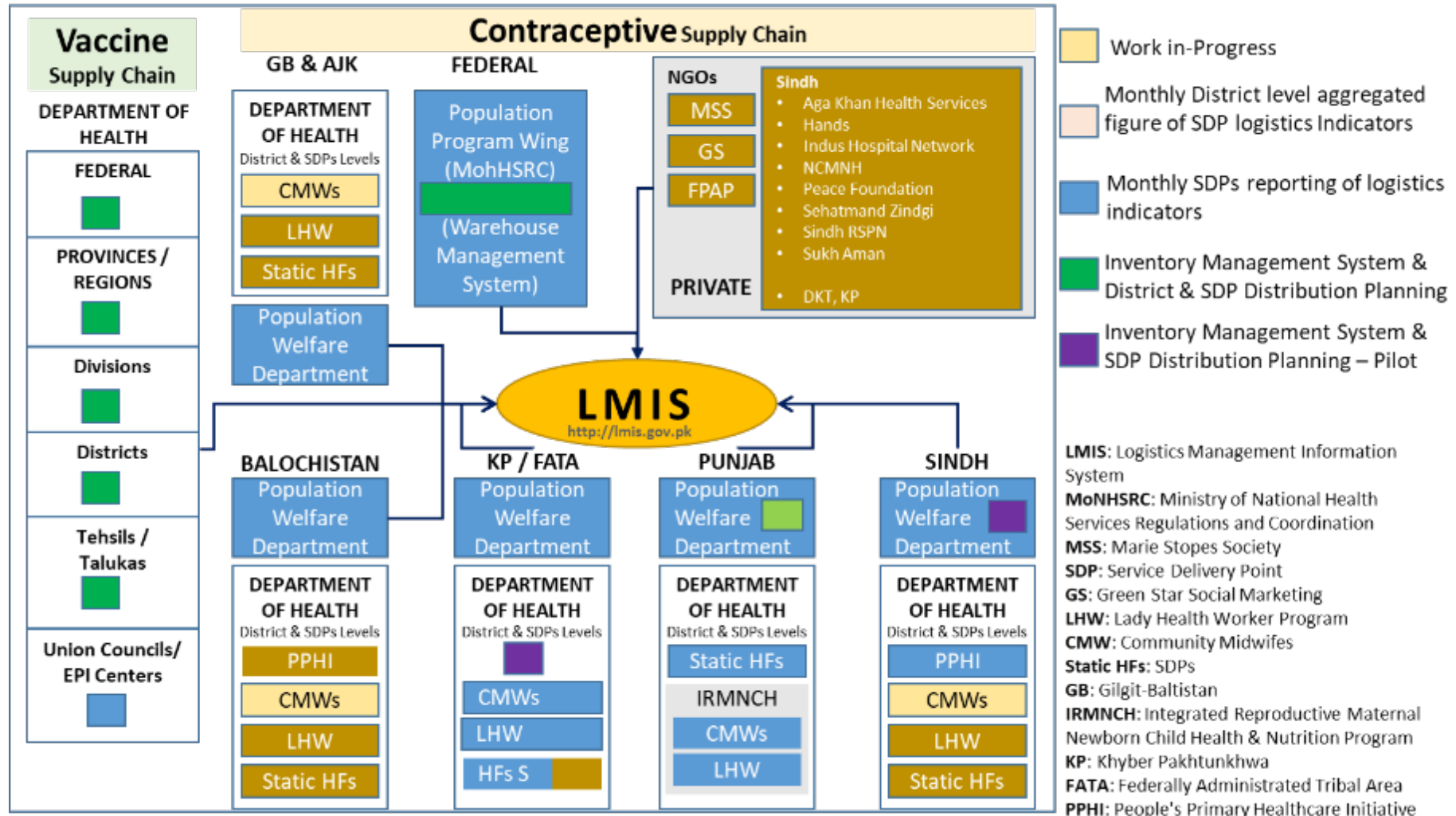
IMMUNIZATION

66% Immunization coverage (an increase from 54% in 2012-13 DHS)


HIS is highly fragmented: technology is not optimized leading to poor planning, financing and decision making



We carved the future of visibility in a very complex information environment



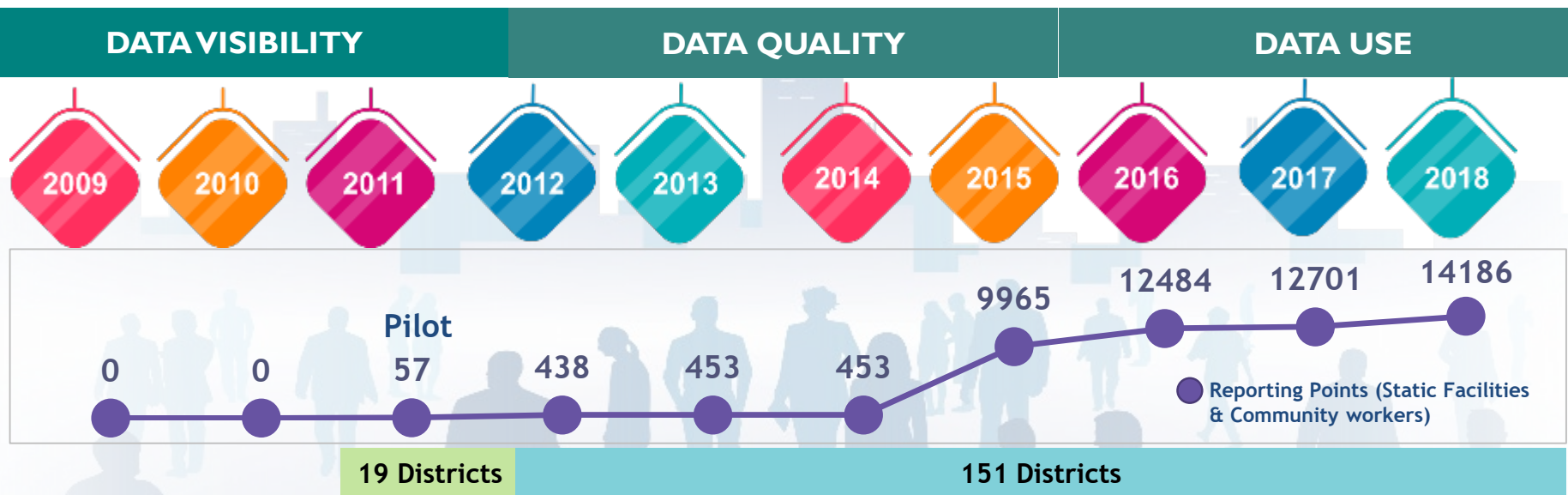
Meeting the needs of 35m MWRA, repairing FP supply chain functions was not easy



Connecting people with essential medicines and FP commodities by linking public policy, technology, service delivery infrastructures and systems



Last mile automation is a journey in large country settings



Zero Data Visibility, Lack of Quality Data and No Data Use, preliminary supply chain Intervention

FASP

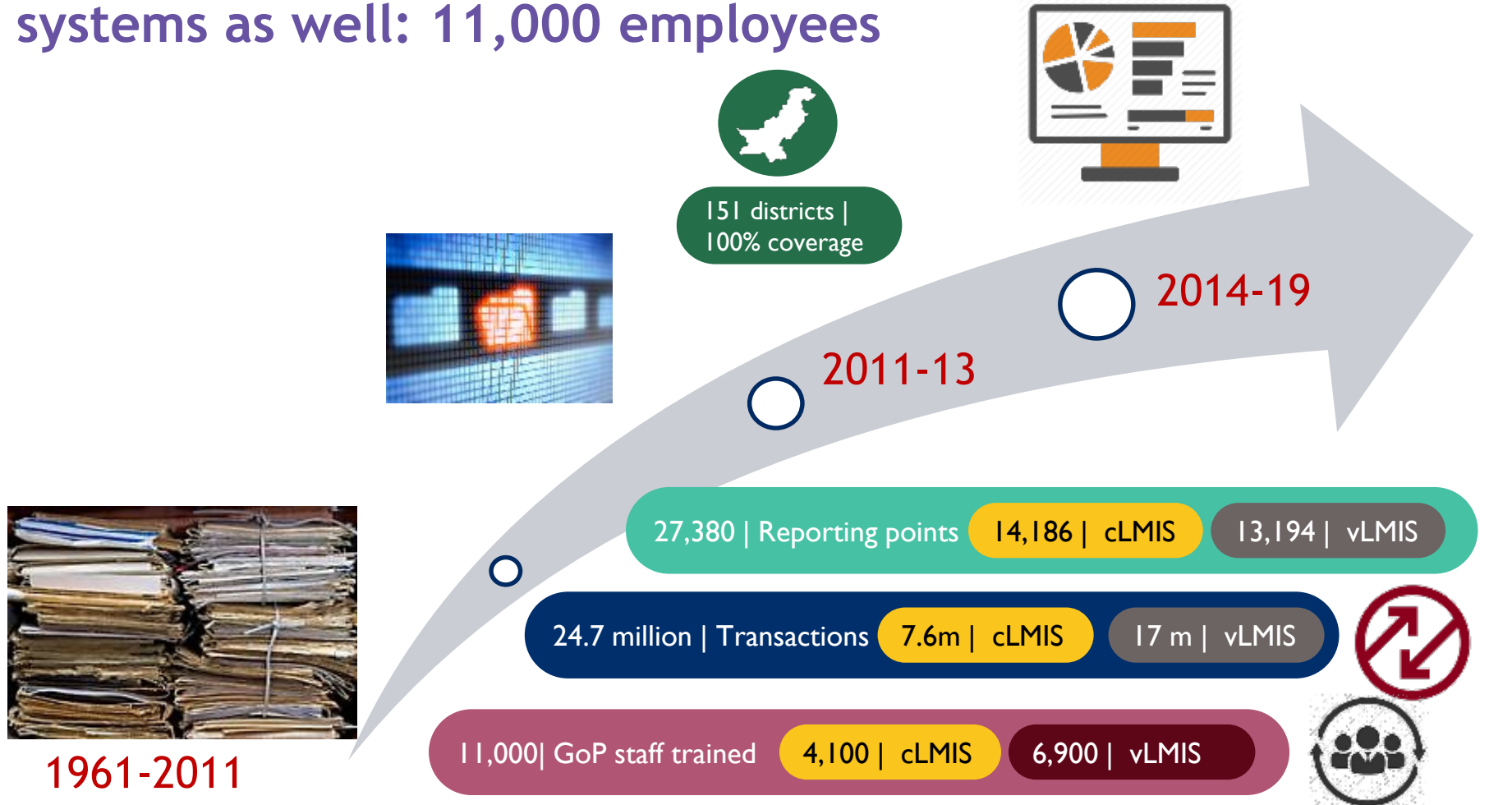
- FASP
- Distribution Planning
- SDP Stock out Monitoring

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- Pipeline Monitoring
- Storage Management

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- SDP Stock out Monitoring
- Pipeline Monitoring
- Storage Management
- Executive Dashboard
- Commodity Security
- Stock Optimization
- Automated FASP

Greater data visibility through gradual integration of transaction points of FP supply chain through USAID assistance

Health systems workforce task shifting to supply chain systems as well: 11,000 employees

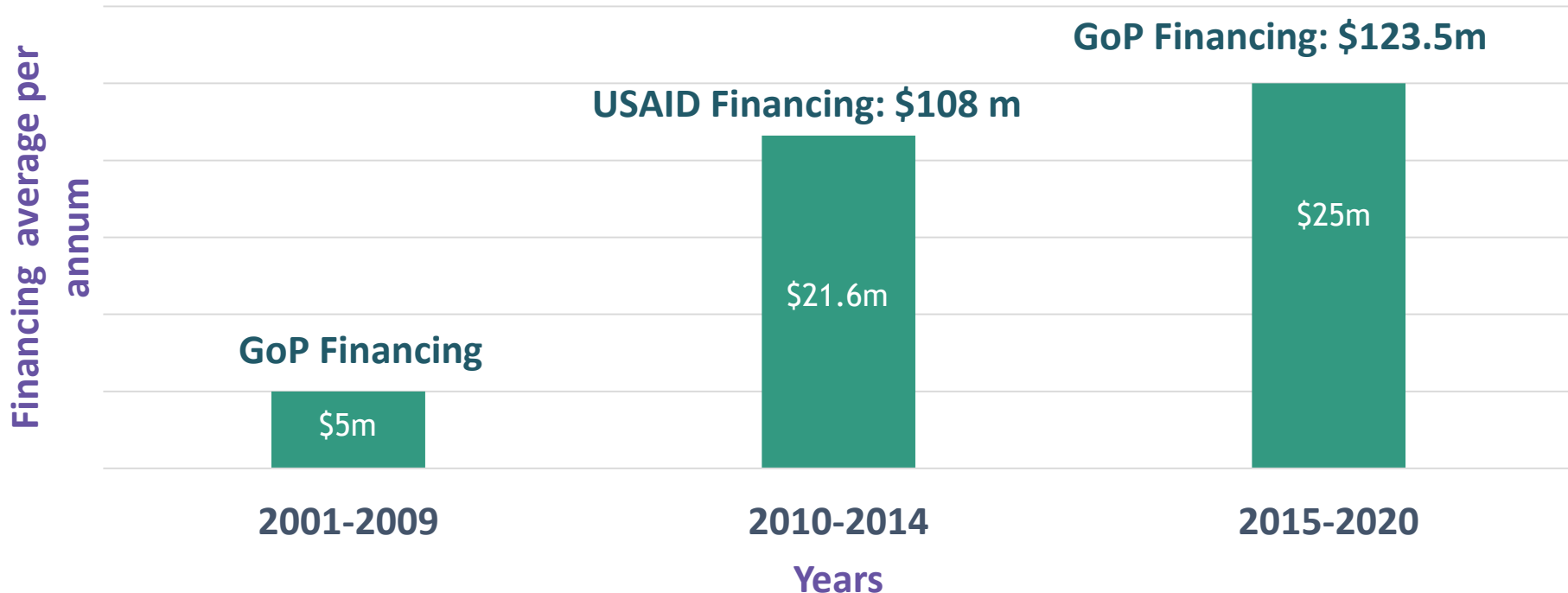


Gavi, E2E as well as aggregation ready - Gates E2Open, Track20, UNICEF(MNCH)

USAID total market support led to self reliance in Pakistan: cLMIS guides strategic supply chain decision-making

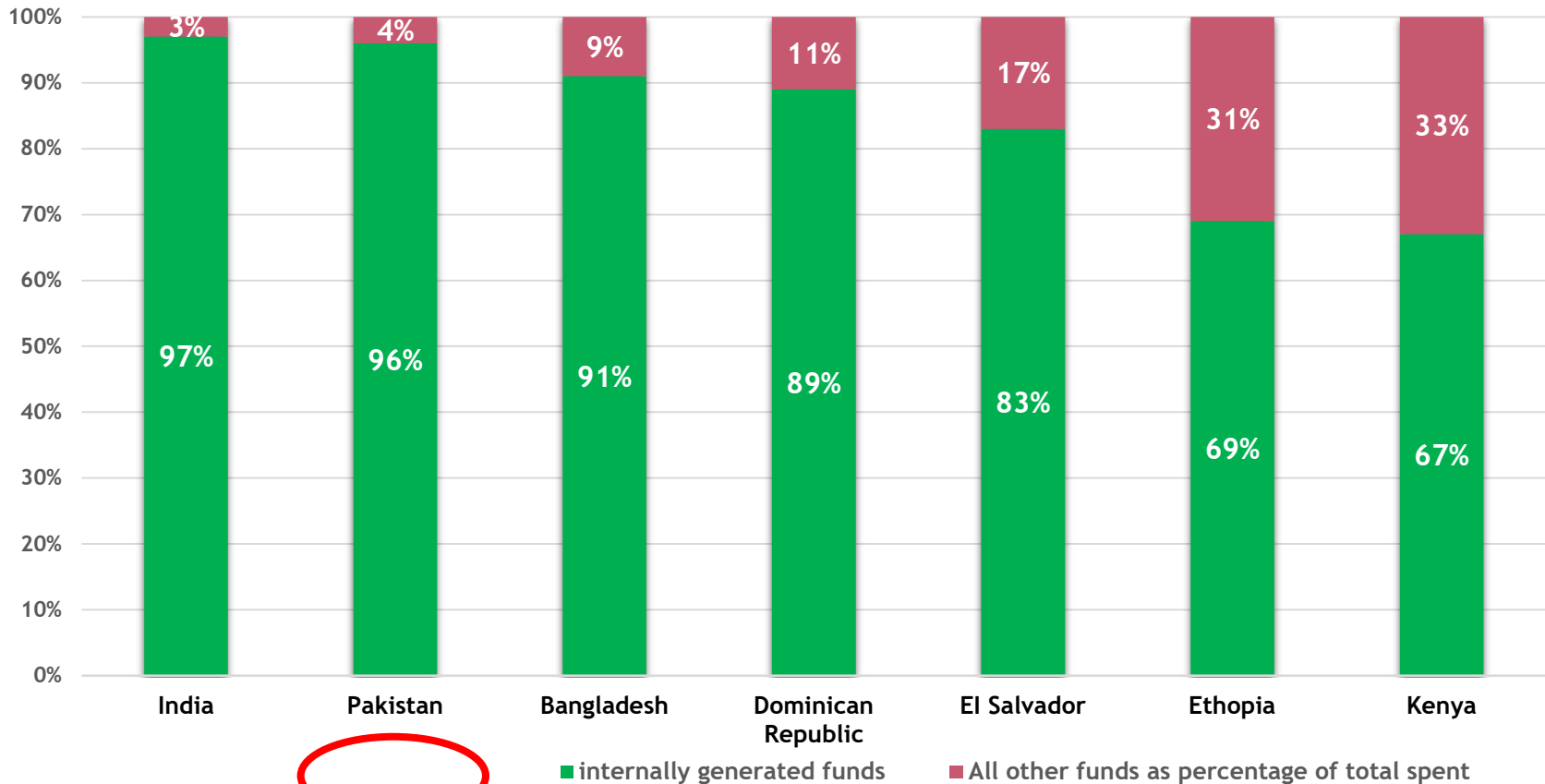
2009: MWRA & population rates, the estimated demand for contraceptives was **\$28 million** in 2009, indicating a **gap of 83%**

2018: MWRA & population rates, the estimated demand for contraceptives was **\$33.6 million** in 2018, indicating a **gap of 4%**



(http://c.lmis.gov.pk/application/dashboard/dashboard_fp2020.php)

Pakistan and India are doing good job on self reliance

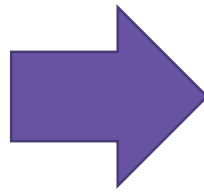


Source: 2017 CS Indicators Report

Pakistan's national storage and distribution systems



2009: Space: 10K Sq Ft



2019: Space: 55K Sq Ft



Walking, talking and shouldering with public sector: 100 supply chain policies, manuals, guidelines, and SoPs of decentralized ecology



Khyber Pakhtunkhwa

Khyber Pakhtunkhwa Public Health Forecasting and Supply Chain Strategy:

<http://www.healthkp.gov.pk/wp-content/uploads/2018/07/KP-Public-Health-Forecsting-SC-Strategy-Final-24-Nov17-1.pdf>

Essential Medicine List:

[http://kp.gov.pk/uploads/2017/11/Essential Medicines and Disposable Supplies List1.pdf](http://kp.gov.pk/uploads/2017/11/Essential_Medicines_and_Disposable_Supplies_List1.pdf)

MNCH Very Essential Medicine List:

[http://kp.gov.pk/uploads/2017/11/Final MNCH Very Essential Medicines List1.pdf](http://kp.gov.pk/uploads/2017/11/Final_MNCH_Very_Essential_Medicines_List1.pdf)

Punjab

Punjab Public Health Supply Chain Strategy:

<https://pwd.punjab.gov.pk/lmis>

https://pwd.punjab.gov.pk/informative_material

Sindh

Essential Medicine List & MNCH VEML:

[www.sindhhealth.gov.pk/>Downloads>Law/Regulation of Health department](http://www.sindhhealth.gov.pk/>Downloads>Law/Regulation%20of%20Health%20department)

DRAP / MoNHSR&C

National Essential Medicines List – 2018:

<http://www.dra.gov.pk/userfiles1/file/FinalNEML2018.pdf>

<https://play.google.com/store/apps/details?id=org.drugRegulationAuthorityPakistan.NemlPakistan>

We ensured policy speaks the same language in a decentralized setting: Supply Chain Strategies & Structures



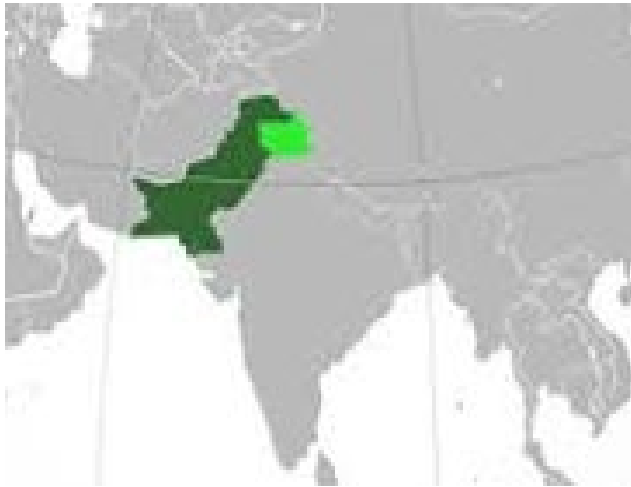
**Khyber Pakhtunkhwa
Forecasting and Supply
Chain Strategy (2017-22)**
~\$29.75 million



**Punjab Public Health
Supply Chain Strategy
(2017-22)**
~\$15.22 million

~\$45 Million
committed by two
provinces for public
health supply chain
systems strengthening
(2017-22)

Pakistan LMIS <http://lmis.gov.pk>



1. LMIS for Health Commodities
2. FP data goldmine (decade data 2009-19)
3. Sustainability –Government ownership
4. Digitized supply chain processes and functions
5. Consolidated analytics – interfaced with vertical systems
6. LMIS Helpdesk to support end users
7. 2,000 trained users reporting across from Pakistan
8. Enterprise Dashboards (use of data for supply chain policy functions)

LMIS Modules

Master Data Mgmt.	Inventory Mgmt.	Warehouse Mgmt.	Supply Planning
Forecasting	Quantification	Analytics	Dashboards
Alerts	Notifications	User Management	Batch Management
District Network Tower	Pivot Business Intelligence	Transactional Reporting	Shipment details

LMIS Important Links

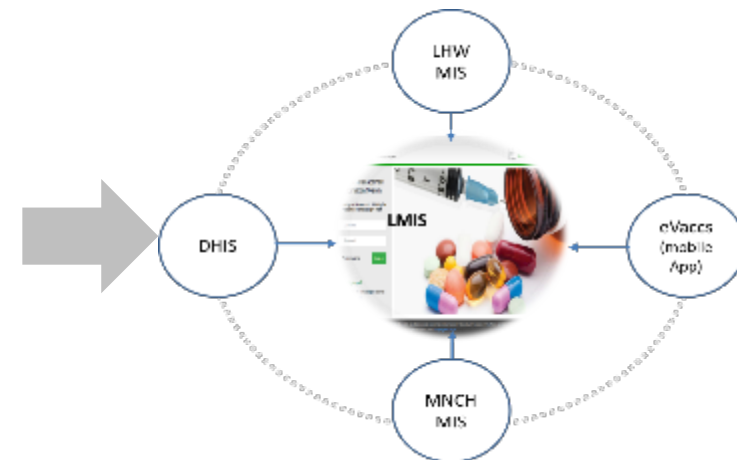
<http://c.lmis.gov.pk/application/dashboard/dashboard.php>

<http://c.lmis.gov.pk/application/reports/tower.php>

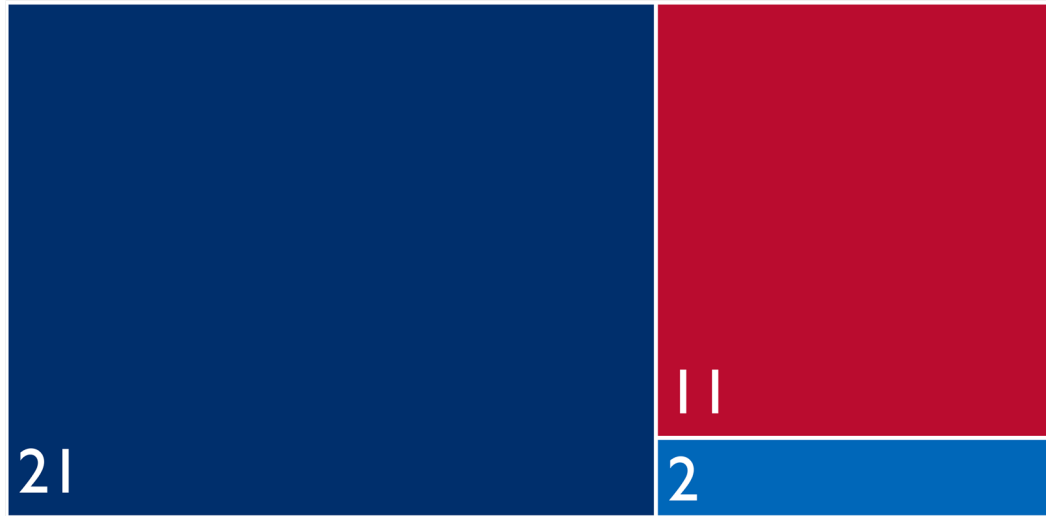
<http://lmis.gov.pk/awstats.php>

DHIS
LHW MIS
MNCH MIS
TB MIS
Nutrition MIS
EPI MIS
AIDS MIS
LMIS
PPHI ERP
eVaccs
DHIS2

LMIS Interfacing



Public health supply chain maturity by country - Pakistan holding good standings



■ Ad hoc ■ Organized ■ Integrated

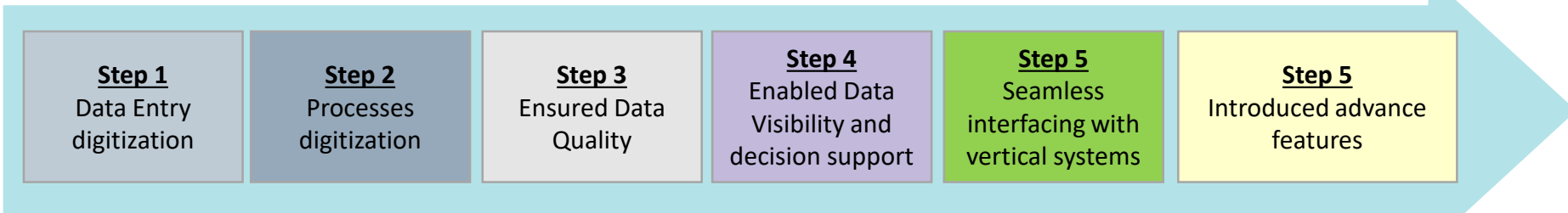
Source: HR Systems Maturity Survey Results by USAID

Ad Hoc	Organized	Integrated
Angola	Burkina Faso	Haiti
Botswana	Ethiopia	Pakistan
Burkina Faso	Ghana	
Burma	Indonesia	
Burundi	Kenya	
Cambodia	Namibia	
Cameroon	Nigeria	
Guinea	Pakistan	
Indonesia	Uganda	
Lesotho	Zambia	
Liberia	Zimbabwe	
Malawi		
Mali		
Mozambique		
Nepal		
Niger		
Pakistan		
Rwanda		
Sierra Leone		
South Sudan		
Vietnam		

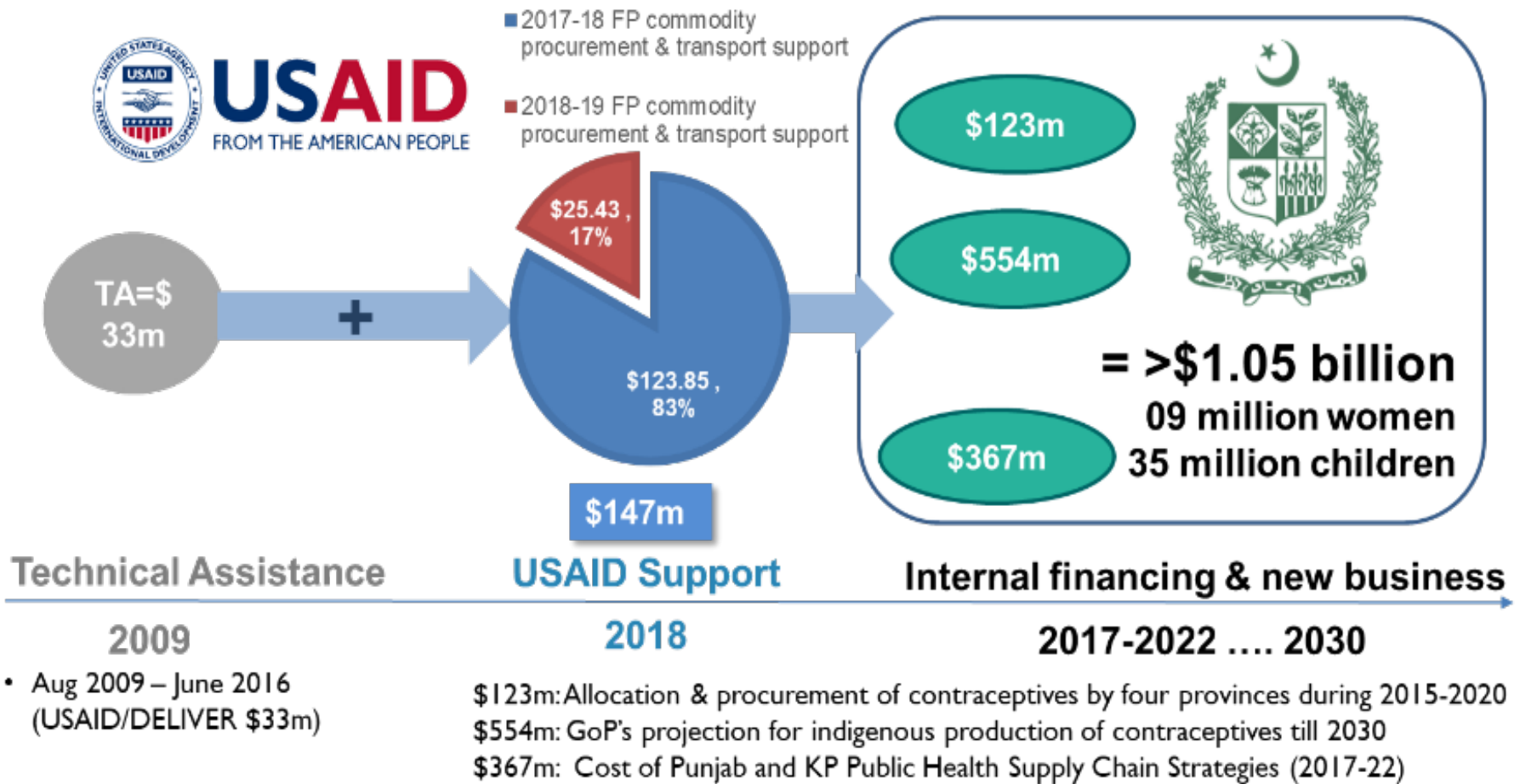
2011

Journey: Adhoc to Integrated

2019



Today Pakistan stands >80% on contraceptive availability compared with only 40% partial availability in 2009



We are part of Prime Minister's 100 Days Agenda

Prime Minister's 100 DAYS AGENDA

Progress Tracker



18 Deliverables Complete



- ✓ Establish Asset Recovery Unit and Trace Unlawful Wealth
- ✓ Draft Local Government Act of Khyber Pakhtunkhwa, Punjab and ICT
- ✓ Legal Reforms to Revolutionise Access to Justice
- ✓ FBR Reform Roadmap
- ✓ Naya Pakistan Housing Programme
- ✓ Framework to establish National Tourism Board
- ✓ Economic Support Package for Revival of Manufacturing Sector
- ✓ National Financial Inclusion Strategy Implementation Plan
- ✓ Ease of Doing Business Strategy
- ✓ National Agriculture Emergency Programme
- ✓ Implement National Water Policy
- ✓ Education Blueprint (ICT only)
- ✓ Health Blueprint (ICT only)
- ✓ Clean Drinking Water Plan (ICT only)
- ✓ Social Protection Programme
- ✓ Action Plan for Women and Girls in the Justice System
- ✓ Launch 10 Billion Tree Tsunami
- ✓ Increase Pakistan's Regional and Global Relevance

Hospital / health facility reforms in Islamabad

Under this agenda, the Federal Health Minister, MoNHSR&C, based on [LMIS](#)* experience, requested the GHSC-PSM project for automation of medicines and devices supply chain systems in four tertiary care hospitals of Islamabad Capital Territory

Source: <http://pm100days.pmo.gov.pk/downloads/100%20Days%20Progress%20Report.pdf>

* Source: <http://lmis.gov.pk>

Logistics Modelling: 2010 to 2017

17
million

Unintended
Pregnancies



14.5
million

Unintended
births



~428,931

Infant
Deaths averted



~17,500

Maternal
Deaths averted



Source: WDI, 2008 (<http://data.worldbank.org/indicator/SH.STA.MMRT/countries?display=default>) and Data source for estimated CYP data is cLMIS

"Estimating Unintended Pregnancies Averted from Couple-Years of Protection (CYP)," Jacqueline E. Darroch and Susheela Singh, Guttmacher Institute, Sept 30, 2011.

"The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, Estimation Methodology" Jacqueline E. Darroch and Susheela Singh, Guttmacher Institute, October 2011

The USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project is funded under USAID Contract No. AID-OAA-I-15-0004. GHSC-PSM connects technical solutions and proven commercial processes to promote efficient and cost-effective health supply chains worldwide. Our goal is to ensure uninterrupted supplies of health commodities to save lives and create a healthier future for all. The project purchases and delivers health commodities, offers comprehensive technical assistance to strengthen national supply chain systems, and provides global supply chain leadership. For more information, visit ghsupplychain.org.

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