

# Last Mile advocacy

RHSC AAWG

The 'Last Mile' is a term used in supply chain management and transportation planning to describe how products make their way to the point of distribution. The last mile might stretch three miles, or last 10 kilometers, or even more. In healthcare, the Last Mile is about getting lifesaving products from a warehouse to a community-based health outlet. Or from that outlet into the hands of the woman who has walked half a day to get her medication. The last mile represents a critical challenge in ensuring access to reproductive health supplies for everyone, everywhere. Filling this gap will be a crucial step towards reaching the health equity and universal health coverage goals of the Sustainable Development Goals<sup>12</sup>.

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The Last Mile is the most fragile part of the supply chain because it depends on a range of different aspects. Reasons for not reaching the last mile might be: transportation breakdowns, unreliable electricity supply, need for refrigeration, forecasts turn out wrong, stocks run out, transportation costs not budgeted for, wrongly recorded or missing stock levels and consumption data, bad weather challenges, questionable quality of products at the facility level, low skilled staff, low salaries, overburdened health workers, and other motivational incentives. Advocates have a role to play to ensure products reach the shelf, and women, girls and men are able to access them wherever they are and whenever they need them. This means advocacy for strengthening delivery at the last mile needs to happen at different levels.

First it is imperative for all major stakeholders to clearly understand and support any new and effective delivery system at country level. This effort would combine advocating at global level with donors and commodity suppliers to ensure timely and sustained release of funds for commodity procurement, and their timely shipment to countries. At country level, this would mean advocacy towards efficient commodity clearance on arrival, for smooth commodity distribution to the last mile, as well as engaging leaders at community level to prioritize and make timely delivery of sufficient stocks, a permanent agenda. This can be done through generating evidence for policy action and funding towards enhancing commodity accessibility.<sup>3</sup>

<sup>1</sup> <http://deliver.jsi.com/dhome/whatwedo/supplychainsys/scsyslastmile>

<sup>2</sup> <http://www.villagereach.org/wp-content/uploads/2011/12/UsinLastMileDist.pdf>

<sup>3</sup> [http://www.jsi.com/JSIInternet/Inc/Common/\\_download\\_pub.cfm?id=18088&lid=3](http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=18088&lid=3)

While advocating with leaders at all levels to expedite decision making and other processes to realize efficient commodity supply, it is equally important to build the advocacy constituencies (community CSOs) towards enhancing social accountability and sustaining the last mile effort. Employees in the supply chain management system should be informed more about the significance and urgency of their respective roles, as studies have shown that employees' participation in decision making processes creates a better working environment and improves efficiency. This means advocacy to improve staff wellbeing and increase employees participation with clear performance goals can lead to improved supply chain productivity.<sup>4</sup>

Often in the supply chain management system there is fragmentation of responsibility and governance between the ministries of health, the Central Medical Store, and health staff at the health facilities at district and community level. This causes each actor not to own up or be accountable for incidents of underperformance in the supply chain. In this respect, a situation of overall lack of accountability exacerbates the risks of corruption in procurement and distribution,<sup>5</sup> the impact of which is denying clients their right to access life-saving commodities wherever and whenever they desire. Therefore advocacy to put in place a clear accountability mechanism is critical for a well-functioning supply management system.<sup>6</sup>

We also cannot underestimate the degree to which there is deliberate neglect of certain populations by government systems. The Total Market Approach advocacy could help to make other suppliers fill that gap.

It is equally important that good quality commodities are available and reach facilities especially in hard to reach areas. Advocacy here is critical towards generating action to strengthen and enforce regulations that demand all suppliers (manufacturers or wholesalers) to supply good quality products. Stakeholders at all levels should be encouraged to set up strong quality regulation systems to avoid low quality products from being in circulation.<sup>7</sup>

RHSC partnership is one of the key players that can generate action towards addressing challenges/barriers at various levels - global, national, district and community - in making commodities increasingly accessible at the Last Mile. In collaboration with other relevant RHSC Implementing Mechanisms, this Last Mile Advocacy workstream, will engage advocates across various countries and through its global partners to ensure prioritization of the last mile agenda as part of the global community effort to reach women, girls and men with high quality reproductive health commodities of their choice at all times.

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<sup>4</sup> <https://www.omicsonline.com/open-access/business-and-economics-journal-2151-6219.100099.php?aid=31701>

<sup>5</sup> <http://www.tandfonline.com/doi/full/10.4161/23288604.2014.968005>

<sup>6</sup> <http://iaphl.org/wp-content/uploads/2016/05/Summary-of-Last-Mile-Distribution-Models-for-Health-Commodities-discussion.pdf>

<sup>7</sup> <http://www.tandfonline.com/doi/full/10.4161/23288604.2014.968005>