

Africa Supply Chain Leaders' South-South Knowledge Exchange on Supply Chain Resilience

Webinar, Thursday, 28th May 2020, 15:00 EAT, Zoom Meeting

Summary

The topic of resilience and health supply chains emerged during a recent knowledge exchange webinar focusing on local manufacturing in Africa and Covid-19. To follow on from this, this webinar convened African health supply chain leaders to discuss resilience and supply chains in Africa.

Two brief presentations were given. The first, by Dr Lloyd Matowe focused on moving from capacity-building to building resilience, and on how South-South exchange can be done right to utilise Africa's resources. The second, by Dr Boniface Fundafunda, emphasised the importance of strong voices and leadership and finding a solution where resources and ideas can be shared.

The participants discussed the two presentation and broader points relating to health supply chain resilience, including:

- There is a need for more research on Africa specific issues affecting the health supply chain. This should have practical applications and be driven by practitioner's problems.
- The deaths that have occurred due to difficulty in accessing healthcare under lockdown emphasize the importance of resilience.
- Budget is a key issue in resilience and Covid-19 response.
- This discussion group could form a think tank, an advocacy group or become an operational group.
- The importance of taking ownership and discussed bringing something on this topic to the African Union agenda.

Key Action Points:

- A physical workshop, once Covid-19 crisis had subsided, was proposed. The key discussion points from this meeting can inform the background of the workshop.
- In the meantime, during lockdown, some key topics can be tested.
- PSA will follow up with some initial thoughts from the discussion which will be shared with the rest of the group. Everyone can then add to it and put their names as authors. Need to discuss further where we will take the paper and what we will do with it.

Full Minutes from Webinar

Introduction

Pamela Steele introduced the topic of the webinar (Supply Chain Resilience) and thanked frontline workers for their work in the Covid-19 response. Resilience is the ability to respond to stresses and challenges. This webinar has been organised in response to comments from Pharm Linus on Resilience, mentioned during a previous webinar focusing on sustainability.

Pharm Linus Odoemene commented that many witnessing Covid deaths in Nigeria believe that more deaths occur from the effects of lockdown than from Covid. There are differences between the impact in the North of Nigeria (where 90% of Health Facilities are publicly owned) and the South (where 90% of Health Facilities are privately owned). At the start of the pandemic, government workers stayed away from work and many people think that more deaths have occurred due to the lack of access to health services. All these factors that prevent people from providing health services can be considered as part of resilience.

Discussion on 'The Resilient Supply Chain', facilitated by Dr Lloyd Matowe

Dr Lloyd Matowe introduced the topic, noting that the Former Administrator of USAID commented 'to end the need of foreign assistance we must focus on self-reliance'. This focuses on building capacity. However, how long should capacities be built, and when should we start to create our own resilience? There are enough resources to supply countries in Africa internally; need to focus on how we get South-South exchange right, particularly in relation to Covid-19.

Dr Temi Akenroye:

- It is important to know the current situation and to start understanding Africa's challenges in supply chain. There is not yet enough research into issues specific to the African continent (e.g. markets, values, public health supply chain). Therefore, need to undertake rigorous research and propose solutions.

Pharm Linus Odoemene:

- Education does not build the right skills. He questioned why African countries send out raw materials for processing, then buy them back at a higher cost.
- Research is essential, though research should have practical applications. The answers are close by, these need to be reconfigured to suit African countries, and need to move away from colonized mindset in all areas, including research.
- To move on from here, a physical workshop would be useful.

Pamela Steele:

- Emphasized the importance of research which influences decisions of policy makers.
- The next step is to summarize this, share it with the group, and that can form the background of the workshop. For now, under lockdown, we can test some of the topics.

Discussion on 'Resilience', facilitated by Dr Boniface Fundafunda

Dr Boniface Fundafunda introduced the topic, stating that the members of this group are the resources for this area of work in Africa. There are a lot of examples where individuals have created resilient structures. He asked whether we have the capability and desire to work within obstacles and find a solution that allows us to share resources, and what are the impediments to creating our own resilient and robust supply chain. We need strong voices arising from demonstrated leadership and we should have a place where we can share ideas.

Pamela Steele responded that this group should be run as a group / think tank / decision making organisation which comes together to inform research, policy and practice. This would not be identified with PSA and would have its own manifesto to drive the policy agenda and create jobs. She then encouraged the group to discuss.

Murtada Sesay:

- In a crisis, due to either panic or opportunistic thinking, people ignore systems put in place. As soon as the Covid emergency arose, the supply chain became reactive.
- In Sierra Leone there have been difficulties due to the management of the Covid-19 crisis moving to the military. This has led to uncertainties and tension, and we worry it may have had a negative effect on outcomes.
- Everything comes down to budget. Inconsistency is also an issue; the West African Health Organisation recently shipped chloroquine, though at the same time the WHO was saying they have not approved the use of chloroquine.

Dr Temi Akenroye:

- Resilience in Supply Chain is about being pro-active rather than reactive, which requires data. We need to see how we can influence country regulations for procurement of medicines etc.
- Regarding the medicine bank, the essence of this is to share products and services across borders. Local facilities do similar things via WhatsApp groups and then move goods from one location to another – sharing information and goods.
- Regarding how we proceed, people in academia are doing different research from what practitioners want, as people in academia do not know the problems of the practitioners. One of the first topics of the proposed workshop should be 'How do we bring practitioners and academics together?' Let researchers develop solutions to practitioner's problems, and then practitioners can pilot them.

Pharm Linus Odoemene:

- An African Medicine Bank is the right way forward – we now need to think about how to operationalise it. We need to start bringing out ideas, some of which will work, and some will not. We could start with a virtual Medicine Bank, a lower hanging fruit.
- During Corvid, we focussed on Supply Chain Management systems but forget about the importance of a recognised organisation. One idea is an African version of the Red Cross which is free to move around during these times and not affected by lockdown. As well as the negative impact of Corvid, the lockdown itself has also had a toll on the supply chain.
- Council of Supply Chain make guidelines for supply chain. Why can't we have something similar? What this group says would become a reference point.

Dr Gamal Ali:

- From the last webinar, we need to crystallise these ideas to see if it is possible to bring it to the Africa Union agenda. They have a commission on Social Affairs and have already started a task force on the harmonization of medicine use on the continent. Collecting these thoughts so they are easily understood by African leaders can be a step forward.

Dr Boniface Fundafunda:

- Chief Executives of Central Medical Stores (and experts playing a supportive role) can be coalesced into a registered body that carries this message and becomes an African response.
- We are the experts with years of knowledge in this subject area. Grouping together is what is needed and can present a voice to the African Union etc. This will become recognised as an African response, which is what everyone is waiting for; to see us sitting at the table with an agenda / direction. Local, homegrown, credible experts who take ownership – that is what will be recognised.

Pamela Steele:

- The voice of supply chain African experts can go to the African Union via some sort of mechanism.
- We can put some initial thoughts together and share with people who have partaken in this discussion. Everyone can put their names as authors, and we will be the voice of the practitioners. We should discuss where we will take the paper and what we will do with it.

Concluding Comments

Dr Lloyd Matowe concluded by saying:

- If we don't operationalise these ideas, people get fatigued. It needs to be taken to the next stage
- There are 3 possibilities of where to go next; develop ourselves into a think tanks (which has resourcing challenges); we become an advocacy group (but we are professionals and should be doing more than 'making noise'); we become operational, if well resourced (how can we begin to put money together?).