

COVID 19 Supply Chain Research Group

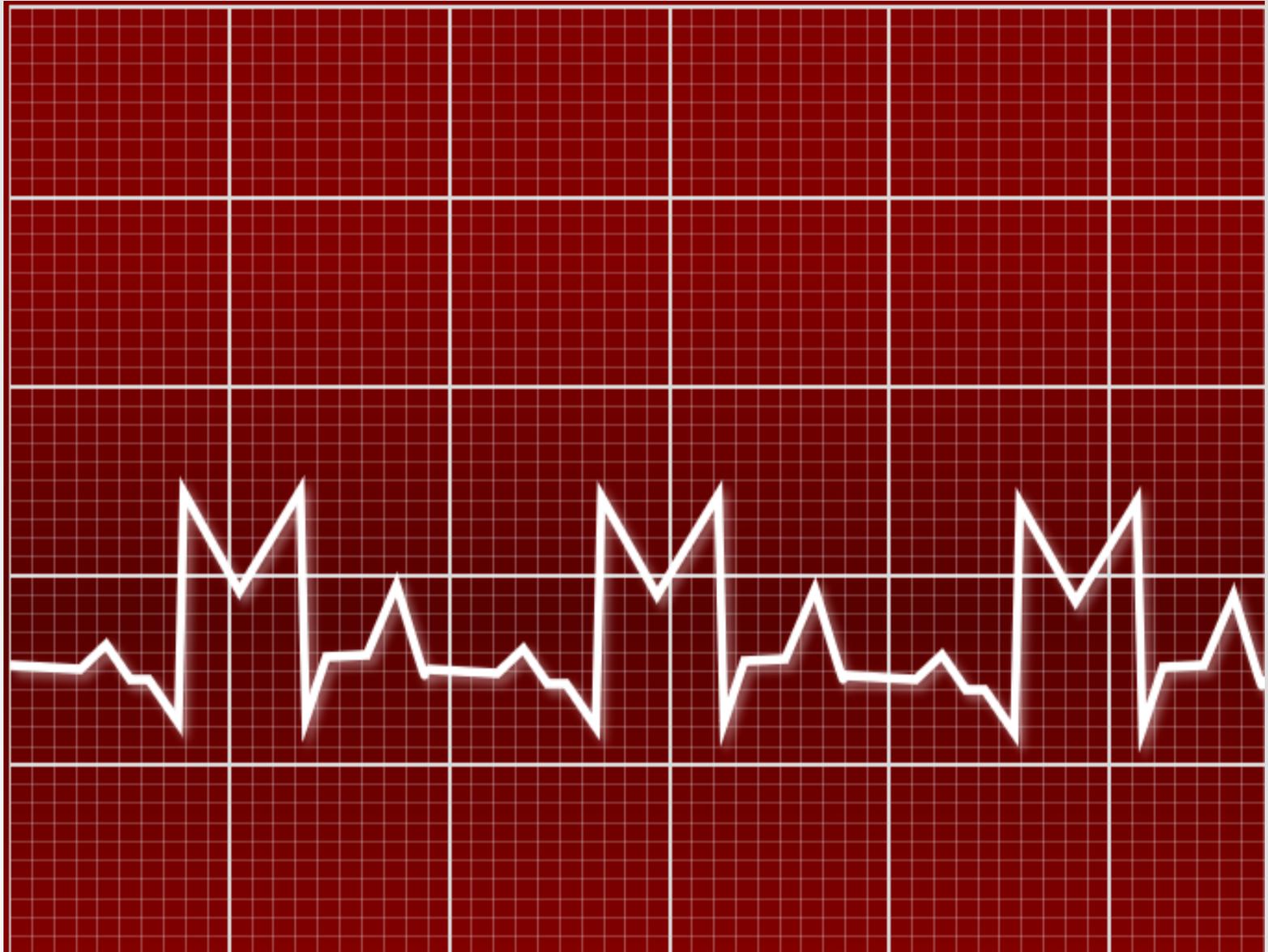
- MIA Task Force -

Meeting with Minister of International Development, Dag Inge Ulstein
June 25th 2020

Marianne Jahre (BI)
Christine Årdal (FHI)

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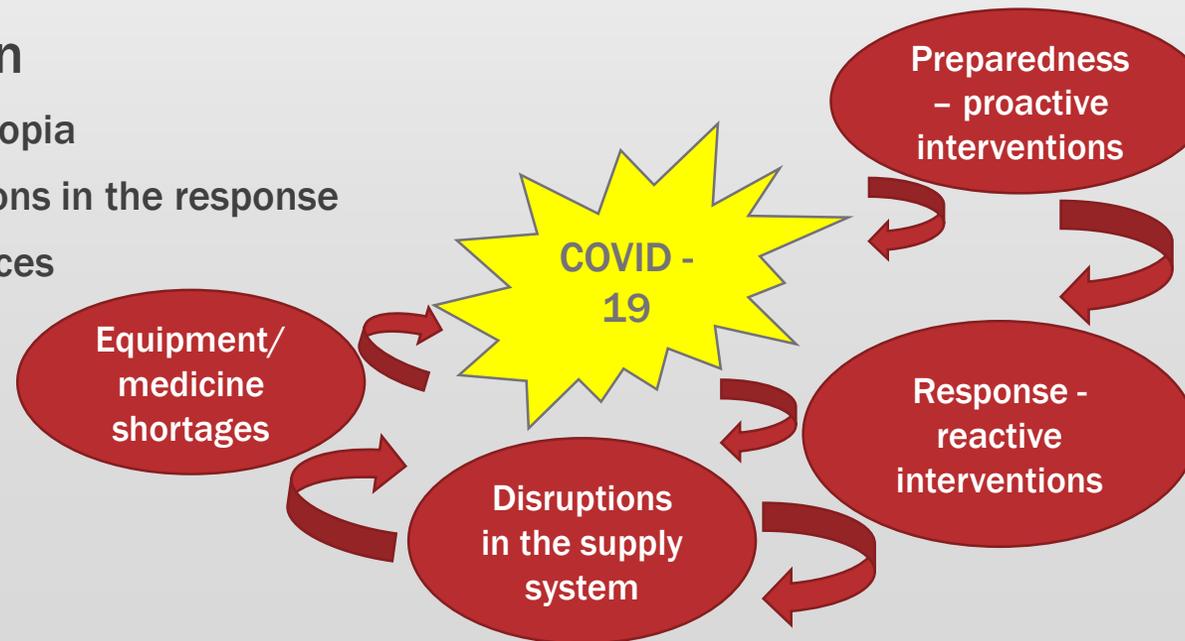
What, How, Who

What? – Decision Support: Help key stakeholders (health supply chain actors, government, etc.) make evidence-based decisions to improve availability of medicines and health commodities during times of crisis

- Preparedness
- Quick response
- Cost-efficient response

How? - Reality, not simulation

- 6 European countries and Ethiopia
- Tracking shortages/interventions in the response
- Direct and indirect consequences
- Team of 20+ researchers



Supply Chain Interventions to mitigate & cope with shortages due to small/big disruptions

Preparedness: Proactive strategies to prevent/mitigate

1/7



TRADE-OFFS

Response: Reactive strategies to cope/recover



Stockpiling

Global,
Regional, National, Local



Make vs. buy

Own production
Buy from others



Collaboration

Common procurement
Shared stock, fleet



Flexible set-up

More suppliers –
products/services
Flexible contracts



Postponement

Standards
Modularity



Additional Reactive

Allocation/rationing
Price/trade regulation

Expected results & Implications for future policy, decisions and interventions



COVID-19 pandemic is leading to an acute and drastic shortage of essential supplies, including personal protective equipment, diagnostics and clinical management. Ethiopia, since the occurrence of the outbreak in December 2019, is also suffering from the direct impact of the pandemic and indirect impacts of the measures taken to mitigate the spread of the disease. This document is a summary of identified supply chain problems and interventions taken to fill the gaps in the supply chain. (19th June, Fantu Lombamo (MD, MPH in Field Epidemiology), COVID-19 Response PHEOC, EPHI, Planning section, Situation Unit, Assistant Professor of Field Epidemiology, Department of Public Health, St. Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia

Expected results & implications

- World Bank allocation of USD 44 million for medical supplies and equipment procurement and/production – will provide evidence on how some of these funds are used and compare cost/effectiveness against European countries
- Generate evidence on low-tech interventions – e.g. stockpiling
- Understanding of unintended (indirect) effects of specific interventions – dynamic complex systems
- Understanding of private-public-partnerships, procurement, contracting, and regulation
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