



HEALTH COMMODITIES AND HEALTH TECHNOLOGIES TECHNICAL WORKING GROUP (HCHTWG) UPDATE JULY 2019

The 1st Steering Committee Meeting for the Logistics Supply Chain System Redesign of the MOH met for the first time on the 13/08/2019

The Logistic System Redesign (LSR) was a result of a Holistic supply chain review that took place in 2017 which covered 6 thematic areas such namely:

- o Product selection & Quantification
- o Costing & Financing
- o Procurement
- o Inventory Management & Control
- o Storage , warehousing & Logistic Networks (Fleet Management)
- o Management Information systems

The Logistic System Redesign aims at increasing access for health commodities to health facilities through more frequent delivery to HFs. The frequency will be monthly to hospitals and Bimonthly to primary Health Facilities in two groups A& B.

The LSR was piloted in the lake zone and partly Tabora zone (Tabora region and Kigoma Regions (except Uvinza DC & Katavi Region). The MOH has approved to extend to all regions after a successful implementation of the pilot. For the remaining regions, the GFATM will provide 1.5M US\$ to support the implementation.

An assessment of the pilot was done and gaps and recommendations were given to improve the system. Some of the issues were:

1. there has been a challenge of Epicor 9 to receive load from the eLMIS. GHSC agreed to support MSD to improve the Epicor 9/eLMIS interface to increase efficiency of the system.
2. Challenges with HR capacity of MSD to handle the Load of more frequent deliveries (receiving orders, processing, picking, packing and distribution to health facilities). The committee approved the increase of processing time from 20-30 days for MSD. MSD will also have to recruit some additional staff and also build capacity to warehouse staff handling redesign workload



It was noted that the reporting rates as well as commodity availability have been improved in the regions that are implementing LSR

It was agreed that the stock expiries at the Health Facility level need to be reported on a monthly basis as a separate line and not included in the loss/adjustment KPI. Reporting tools need to be redesigned to report this information from the health facility level