

- **Keynote: Strengthening Local Crisis Preparedness and Response Plans through effective Logistics Network**

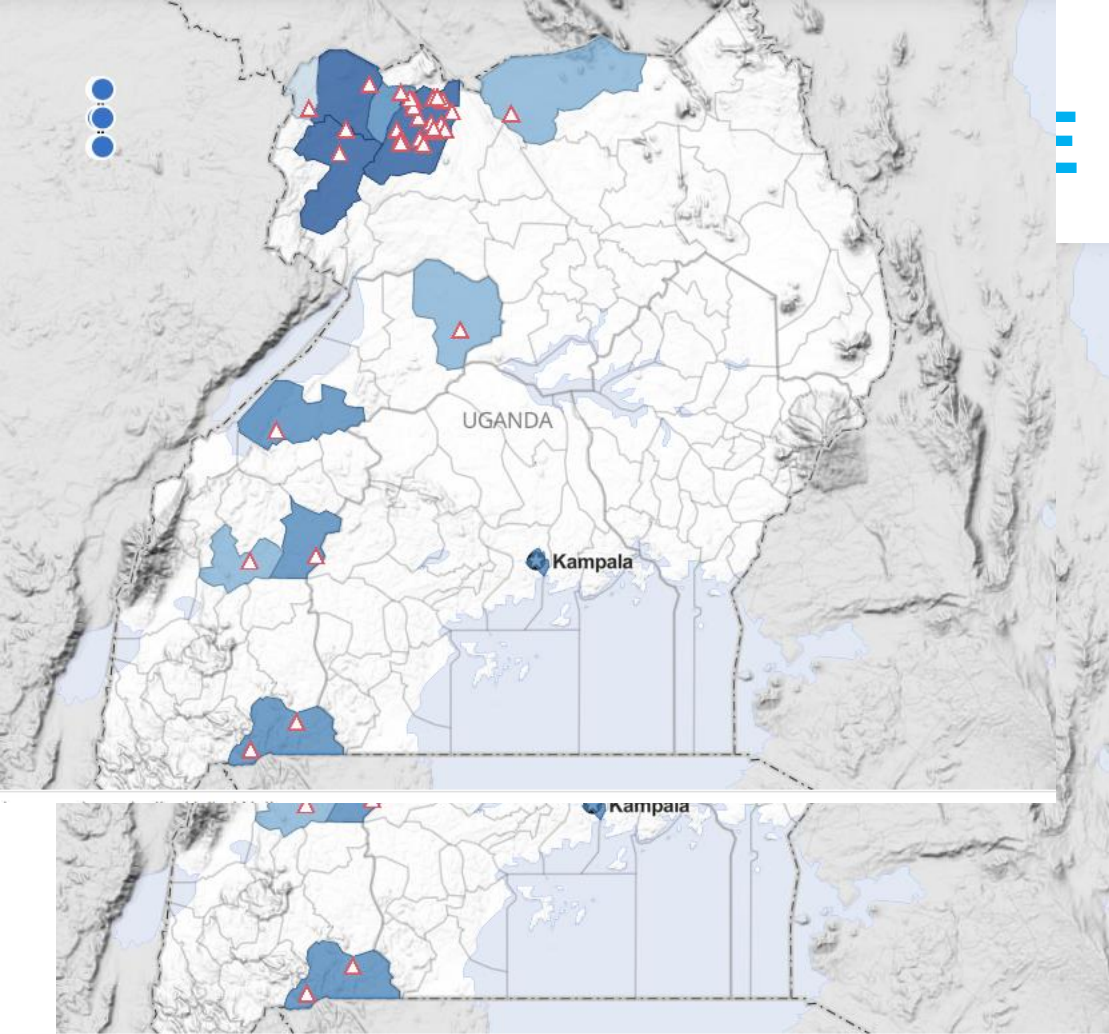
- **Dr Jesca Nsungwa Sabiiti,**
- **Commissioner Reproductive Child Health Services, Ministry of Health Uganda**



Dr Jesca Nsungwa Sabiiti
Commissioner Reproductive Maternal Child Health,
Uganda

OUTLINE

- **Preamble and country background**
- **Health systems perspective and the case of Reproductive Maternal Child Health**
- **Opportunities for strengthening logistics**
 - **Health Supply Chain Capacity Development:**
 - **Local Procurement**
 - **Last Mile Delivery:**



Population projection 43.7 million, (Mid-year 2022-estimates) **Of these 1.56 Million Refugees**

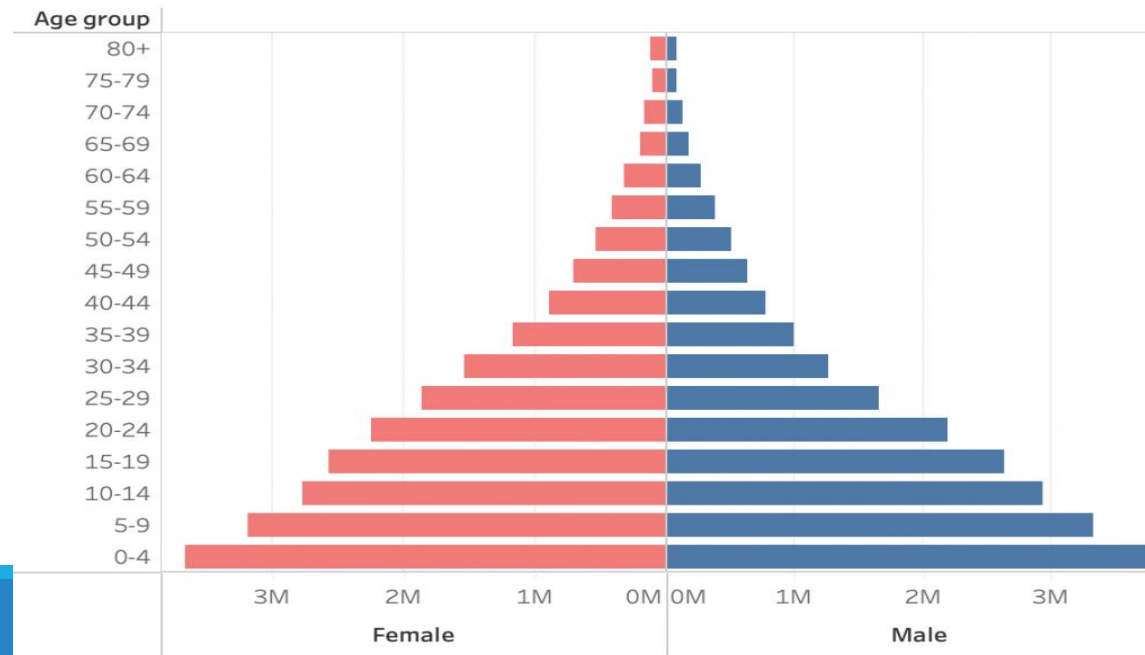
- Youngest populations in the world - 3 out of 4 people Young People

24.8 % are women of reproductive age-10.8 million



- **Uganda Integrated Refugee Model**
 - ubiquity of health needs but also universalism

Uganda Population Pyramid 2022



Uganda's MDGs Results at a Glance

Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	ACHIEVED
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	NO TARGET
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	MISSED NARROWLY
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	NOT ACHIEVED
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	NOT ACHIEVED
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	MISSED NARROWLY
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	NOT ACHIEVED
Target 5.B: Achieve, by 2015, universal access to reproductive health	NO TARGET
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	NOT ACHIEVED
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	ACHIEVED
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	ACHIEVED
Goal 7: Ensure environmental sustainability	
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	INSUFFICIENT EVIDENCE
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	MISSED NARROWLY
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	NO TARGET
Goal 8: Develop a global partnership for development	
Target 8.B: Address the special needs of the least developed countries	NOT ACHIEVED
Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	ACHIEVED
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	ACHIEVED
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	ACHIEVED

Variation in urban / rural, in SEQ is usually reported by health surveys, but is generally 'hidden' when it comes to routine health facility data, especially since these are presented at aggregated levels.



Women and Children Health Strategy

UN Secretary-General's ***Global Strategy for Women's and Children's Health*** highlights the stark reality of millions of preventable deaths and inequitable access to life-saving interventions suffered by women and children;

- **First**, that we can end these unnecessary deaths, reminds us why countries must pursue this with even more determination, with collaboration, solidarity and innovation...community working together
- **Second**, rally around a comprehensive government led – well aligned plan and investment case, resources mapped and tracked “**Sharpened RMNCAH Plan**” 2020-2025. Supported by a clear theory of change....



RMNCH Sharpened Plan and Investment Case, 2021- 2025



1. Emphasising evidence-based high-impact solutions

- Comprehensive package of evidence-based high-impact interventions for each service delivery level

2. Increasing access for high burden populations

- Set of service delivery mechanisms that operate synergistically to reach underserved populations

3. Geographical focusing/sequencing

- Concentration initially on a set of high priority districts, where all elements of the package will be delivered together

4. Addressing the broader context

- Focus on key determinants of health outcomes that lie outside the health sector, with a particular focus on adolescents and nutrition

5. Ensuring mutual accountability

- Mutual accountability for results at all levels of the health system, reinforced by stronger data systems

Critical Life Course Approach

Improving Maternal and Newborn Health



Over 6,600 women die per year due to preventable pregnancy-related causes

Stagnant neonatal mortality for the past decade with over 80,000 infant deaths who die per year

Improving Child Health



- Children under 5 represent 17% of the population in Uganda yet make almost half (44%) of all admissions in health facilities

Adolescent Health and Wellbeing



- Adolescents represent 24% of the population (>10 million)
- Adolescents have unique RMNCAH needs, burdens, and challenges, and they remain underserved

Improving Women's Health



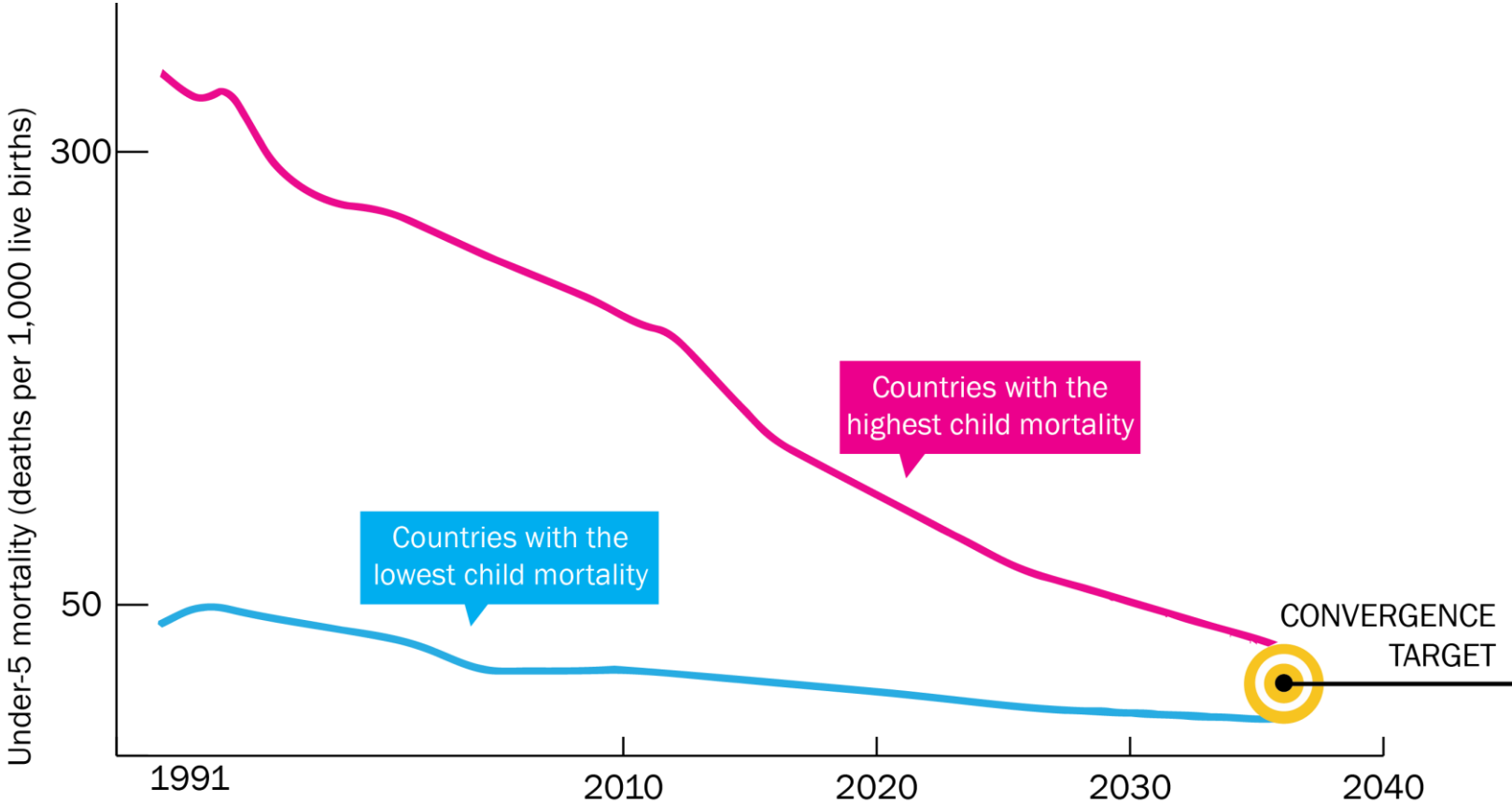
- For every maternal death, 20-30 more women experience acute or chronic pregnancy-related morbidities

Increasing Health Services for Older People

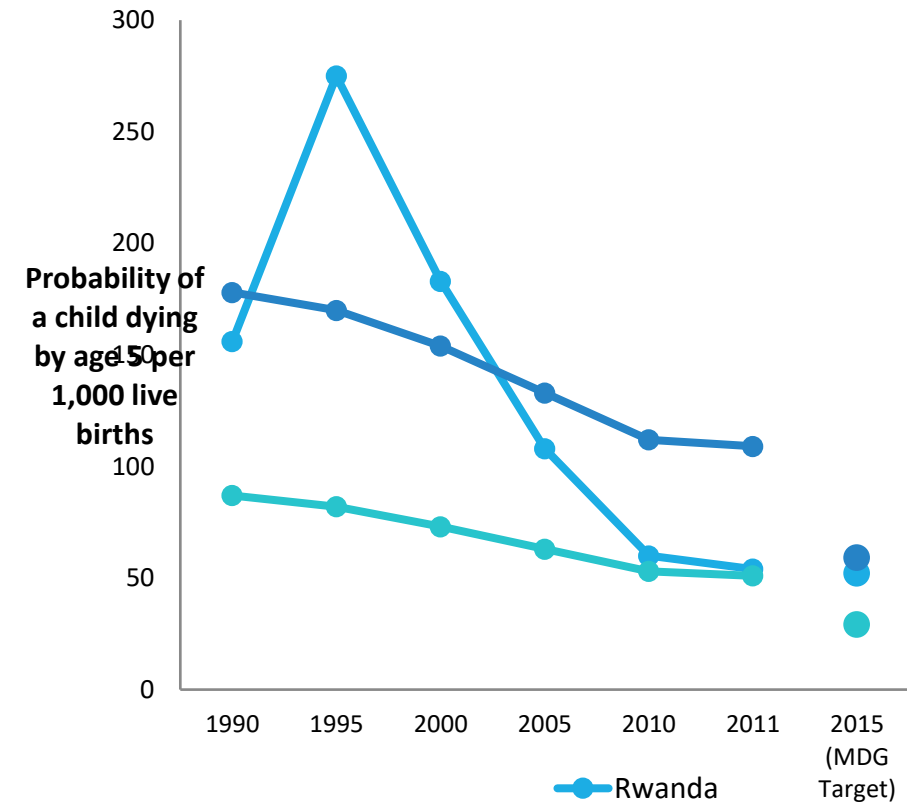
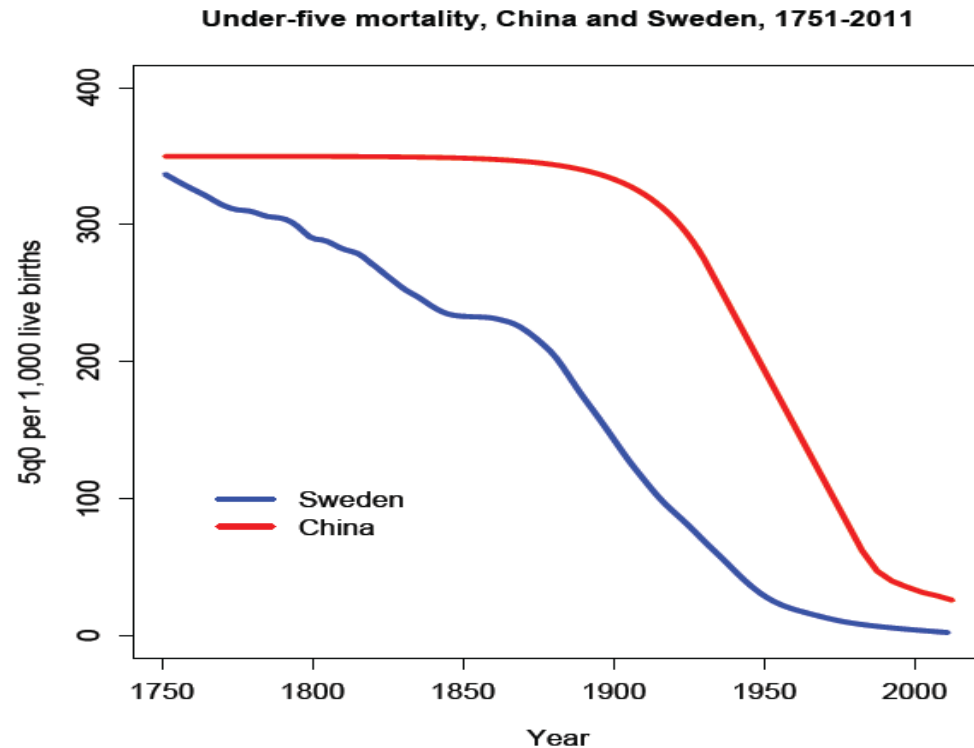


- Uganda's life expectancy has increased from 50 to 63 years in the last ten years
- Older adults are expected to rise above 5% (>2.2 million) by 2025
- Currently Uganda has very limited services for older people!

A Grand Convergence in Global Health by 2035



With enhanced investment, we could achieve a **grand convergence** in global health in the next generation – reaching an under-5 mortality rate of **12 per 1,000**



Leaving No One Behind:
Equality and Non-Discrimination
at the Heart of Sustainable Development



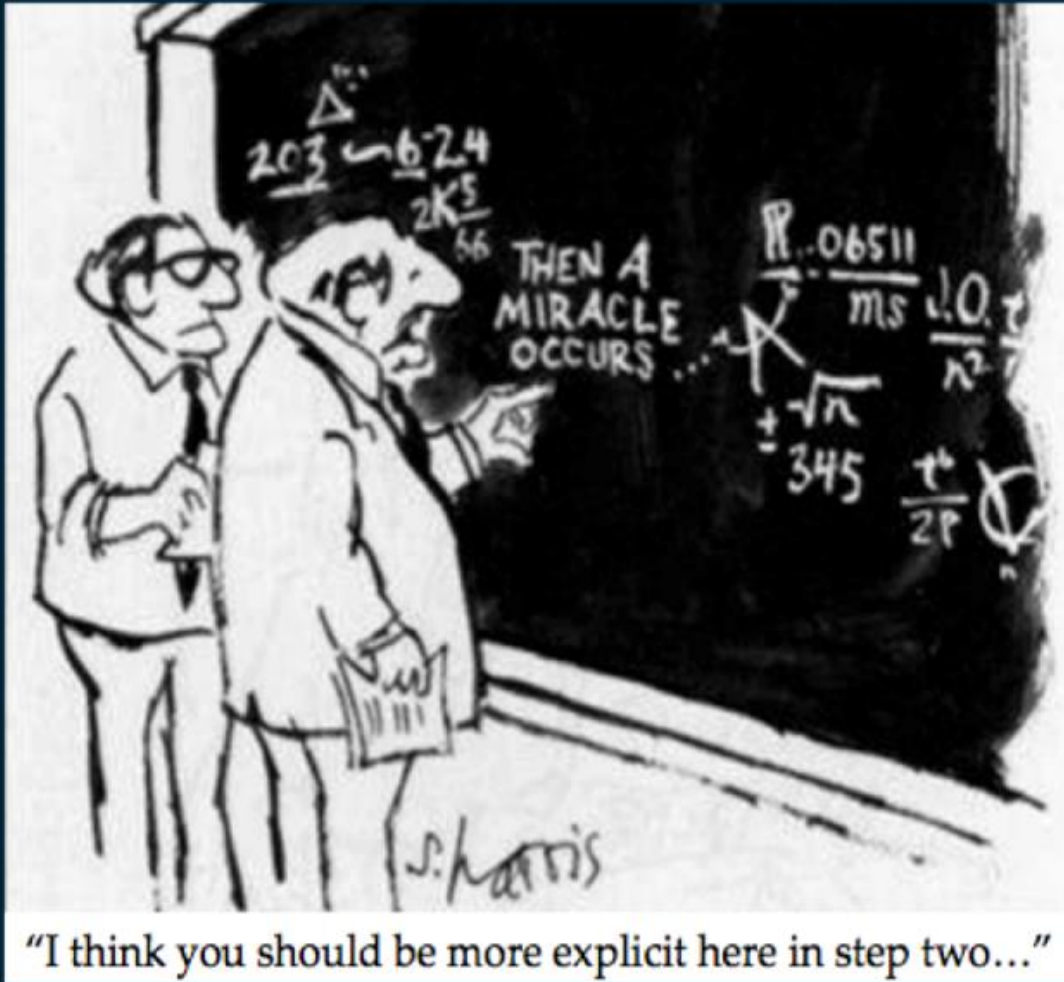
Getting Specific to Leave No One Behind on Sustainable Development

Homi Kharas, John W. McArthur, and Izumi Ohno

A Compelling Vision

A world free of extreme poverty. Societies that work for everyone. These are the aspirations embedded in the Sustainable Development Goals (SDGs) and the commitment to leave no one behind by 2030. The ambition was formalized in the joint agreement by all 193 United Nations (UN) member states, in September 2015, to pursue the SDGs. In paragraph 4 of the SDG Summit declaration, world leaders agreed:

Closing the Gap: A Systems Challenge



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Collective journey, pledge **no one will be left behind.**

- Endeavour to **Reach the furthest behind first.**

Suggest logistics specific barriers –

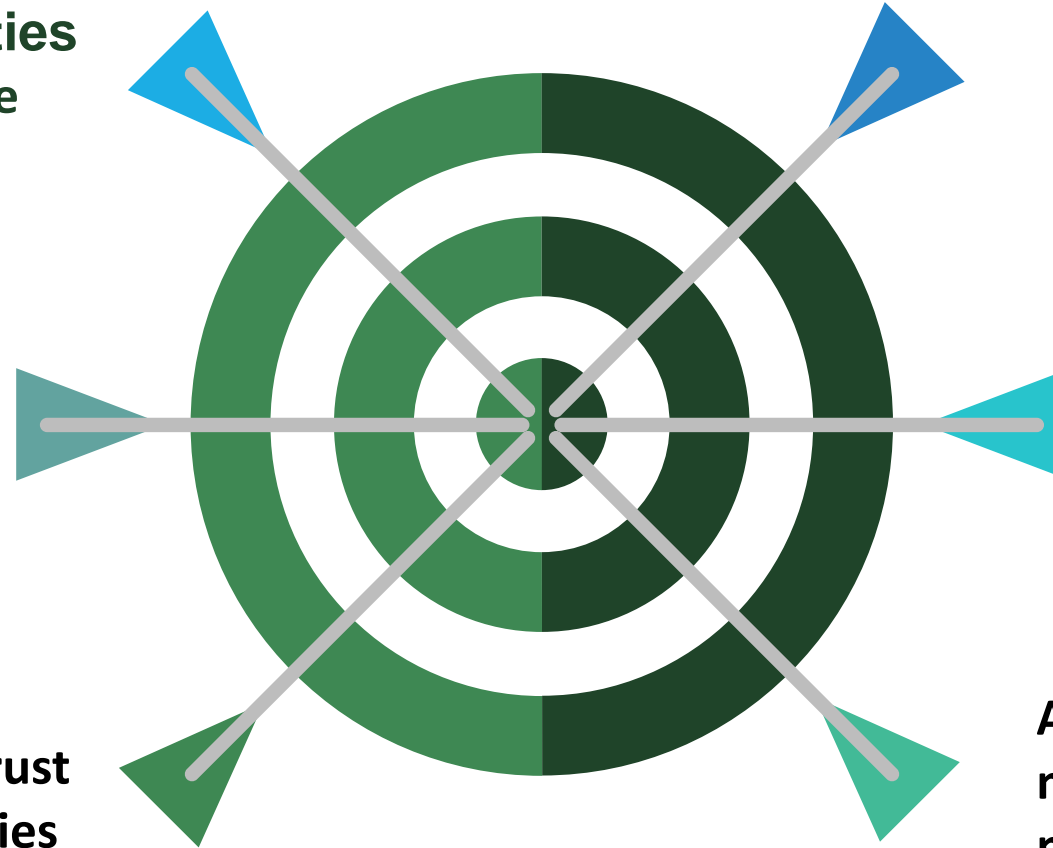
- 1) insufficient supply;
- 2) Effectively regulate quality of products; and
- 3) lack of access, awareness of how, why and when to use them

Implications of the Pledge for policy and practice; concrete steps to bring the promise to life.

Global Financing Facilities & IDA - support innovative financing in countries and investment cases

Social Institutions and Gender Index Data - barriers to SRMH in humanitarian settings.

Life Saving Commodities Trust Fund for Pathfinder countries



Increase donor and government commitments to improve Information and Accountability accountability of resources

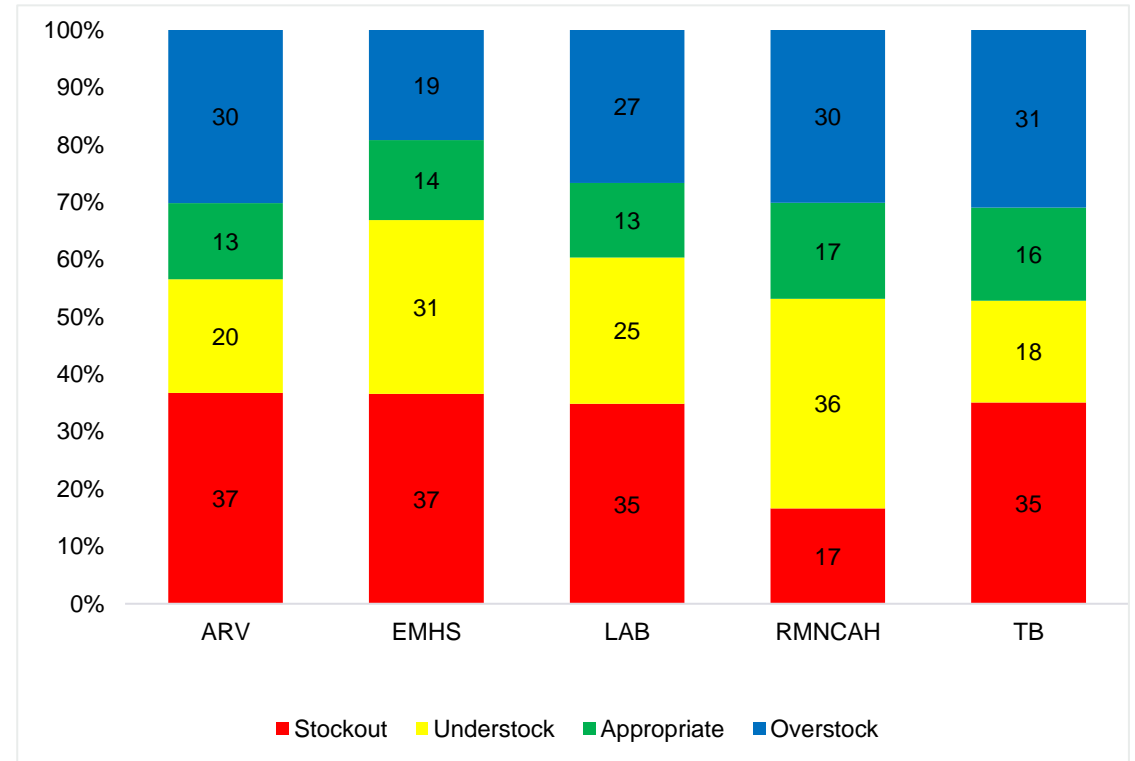
Strengthened Integrated Health Emergency Response Plans

Alternative supply chain management systems, Last mile campaign, technology

Situation – Closing the gap through SCM

- Stock outs, expiries, wastage at health facility level
- Gaps in data availability for planning and decision making – visibility and traceability of commodities
- Governance and Accountability
- Fragmented Supply Chain System
- Shortfalls in human resource capacity
- Limited Budgets -More than 70% of funding for public sector health commodities is financed by development partners

Facility stock status by Basket as of October 31, 2020



High stock-out rate for all baskets apart from RMNCAH

National

Coordinating systems

National plans

Procurement

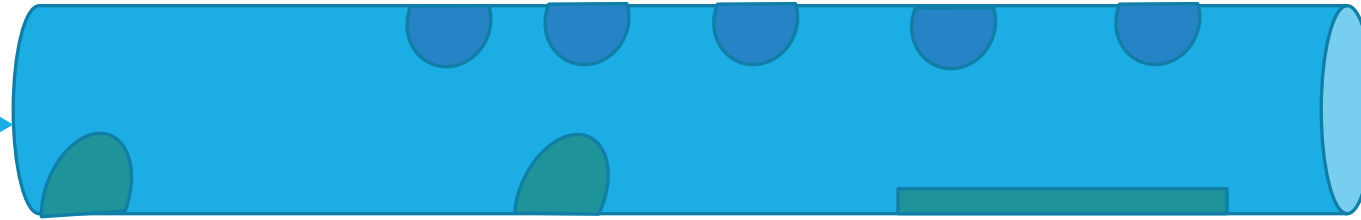
Supply chain

Regulatory system

Quality control

Private sector

Manufacture



Coverage



EML

Guidelines

Procurement

National stock

Facility stock

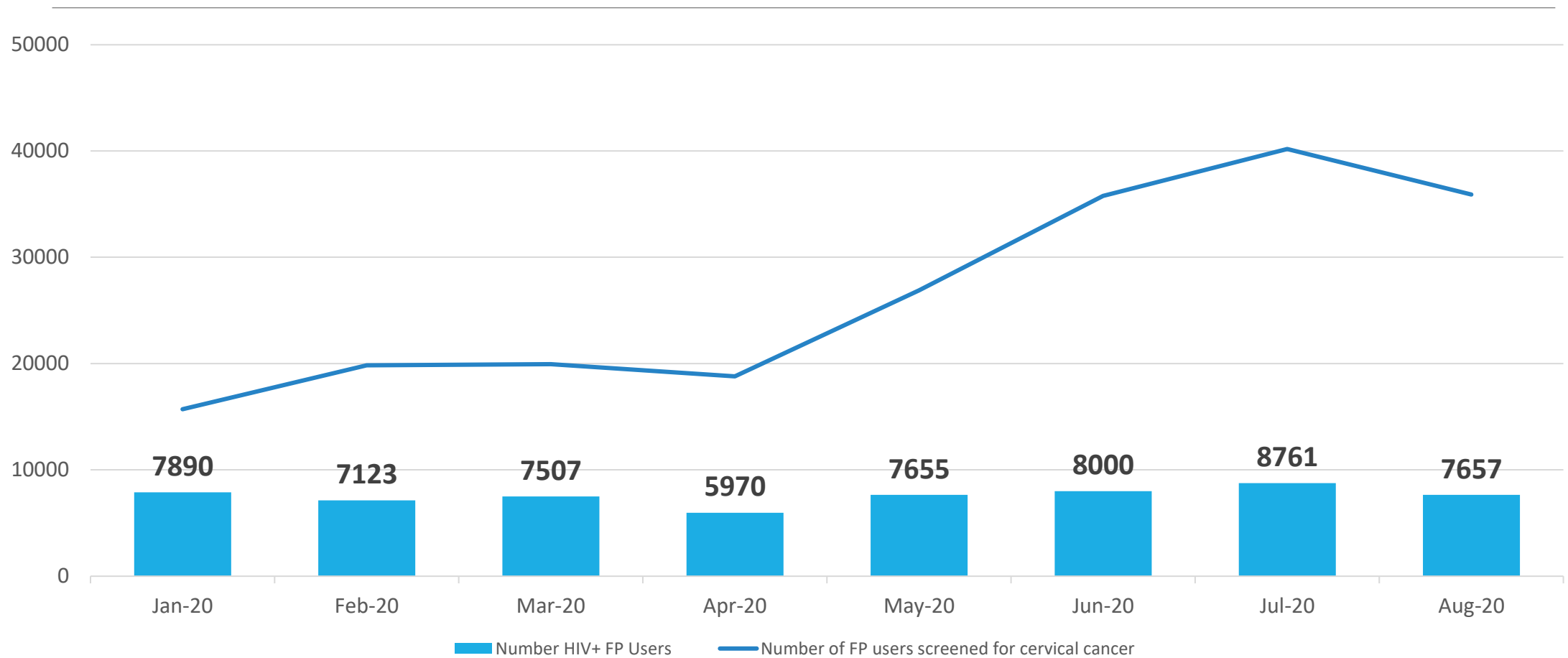
Health worker performance

Remove access barriers

Demand generation

Commodity Specific

Number HIV +ve women/mothers who receive a method of FP (FP users in high risk population) during COVID-19



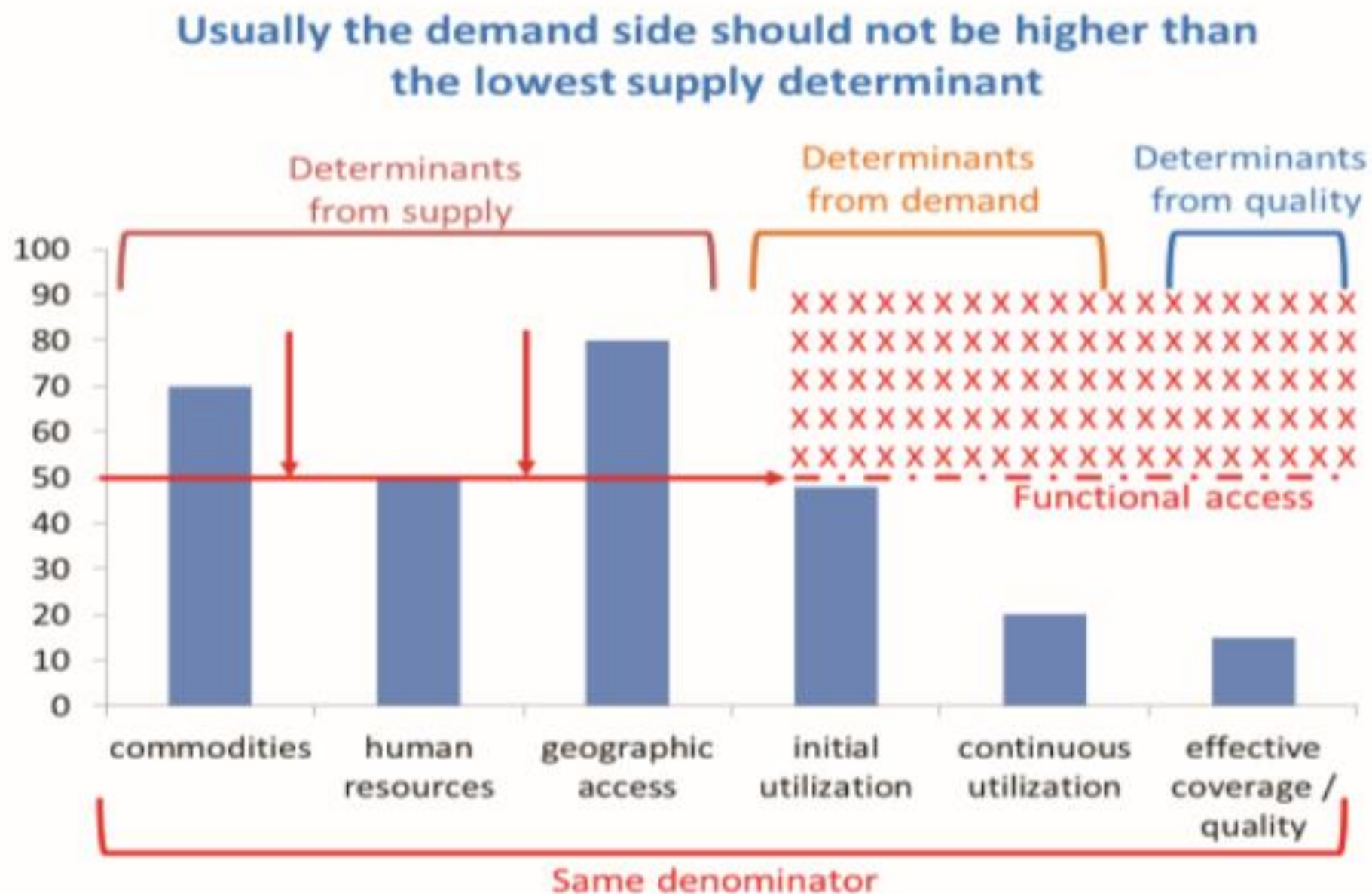
COVID 19 pandemic.....

- Mostly employed **strategies to absorb the initial shock**, leaving them open to risk or a failure to cope if a more extreme crisis or different shock occurs.
- Dependence on **absorptive rather than adaptive or transformative capacity linked to lack of ownership** in the health system and a **power imbalance** between the key players, community and the health system.
- **Greater involvement in decision-making** at the local level could create a more acceptable and efficient health system response to shocks, bolstering the community's capacity to adapt and transform and thus helping to build health systems resilience.

- Uganda 10-Year Roadmap for Government of Uganda's Health Supply Chain Self-Reliance 2021/2022 – 2031/2032



Figure 6a: Depiction of functional access using same denominator



10 year plan focus - recommendations

- 1) Shaping local delivery markets – disaggregated demand affects availability; over reliance on external markets and sources, donor procurement
- 2) Regulatory efficiency, through standard registration requirements and assessment processes: capacity of national drug authorities
- 3) Supply and awareness – Last Mile delivery, poor infrastructure, human resources
- 4) Improve demand and utilization
- 5) Reaching women and children by removing barriers among the poor
- 6) Innovative financing, through results-based financing to increase supply access
- 7) Quality strengthening – specific essential medicine lists tailored to crisis situation
- 8) Performance and accountability and
- 9) Product innovation

Self Care Policy Guideline

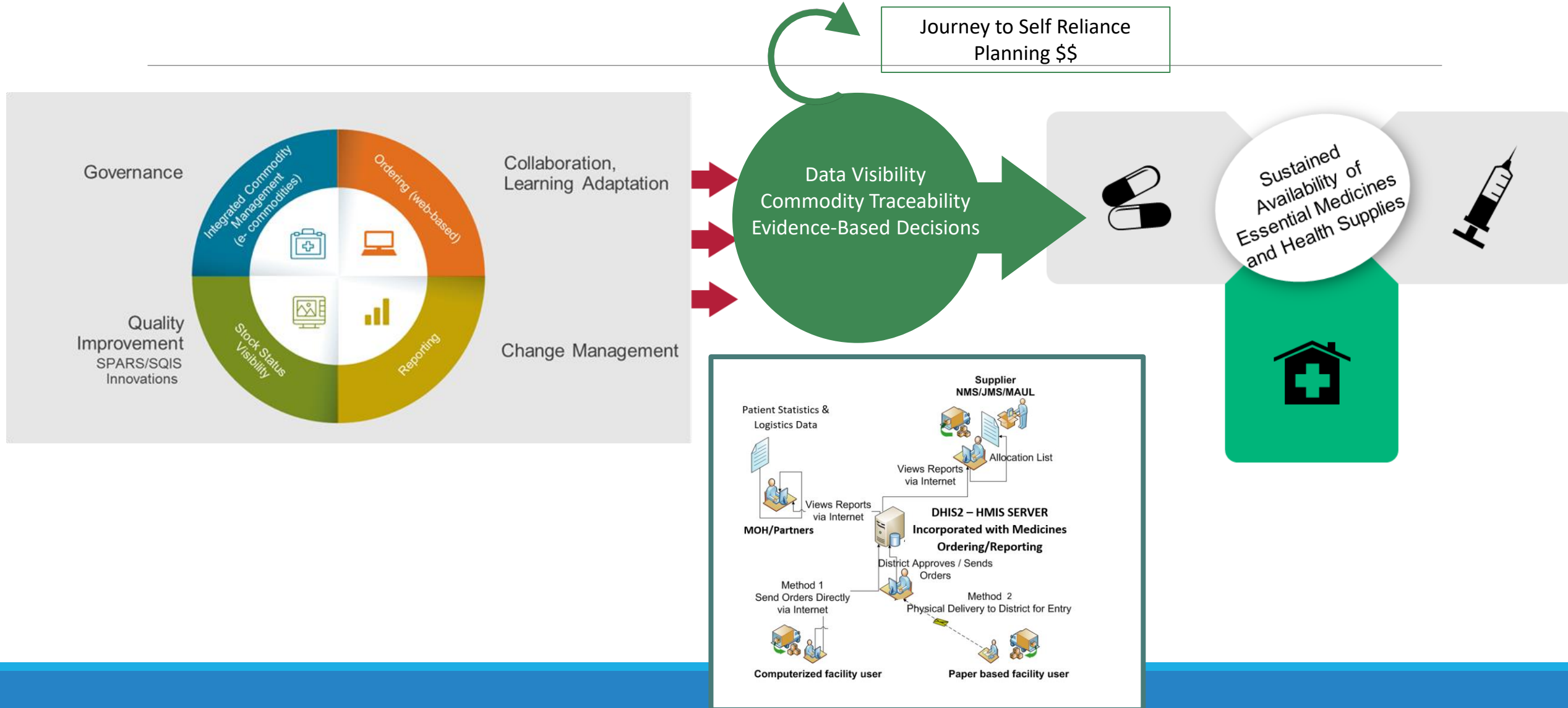
Self-Care is Self-care is defined as ‘the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider (WHO-2019).

Hygiene, Nutrition, Lifestyle

Environmental factors and socioeconomic factors (income level, cultural beliefs etc.)

Self-treatment or self medication and logistics systems

Improving Logistics Supply Chain Performance



Thank you

