**INTER-AGENCY STRATEGY PAPER TOWARDS IN-COUNTRY SUPPLY CHAIN STRENGTHENING AND SUSTAINABILITY**

**INTER-AGENCY SUPPLY CHAIN GROUP**
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**1. Executive Summary**

Supply chain systems are a critical component of global health systems. Over the past several decades, efforts to strengthen supply chains have yielded many successes, particularly around upstream challenges such as improved supply, quality and commodity price reductions. However, many downstream challenges remain, with stock-outs of essential commodities occurring far too frequently.

Despite many health systems struggling to deal with their current disease burden, supply chains are simultaneously challenged to anticipate an inevitable increased demand resulting from increased purchasing power, expanding demand for health products, the introduction of new technologies and the demographic dividend. Moreover, supply chains in many low-income settings are frequently required to weather shocks such as seasonal epidemics, necessitating additional surge capacity.

There is a growing recognition that new ways of thinking and working are required. Since late 2013 there has been renewed interest by various donors, agencies and implementing partners in convening an Interagency Group focused specifically on supply chain issues. The purpose of this group is to provide better coordinated and more effective support to country efforts in ensuring sustainable access to high quality essential health commodities for beneficiaries regardless of where they live. In line with an end-to-end supply chain approach, the group will also work to coordinate global-level efforts where appropriate.

Over the past year, this Interagency Supply Chain Group has come to an agreement on several fronts. This includes the development of a Joint Vision Statement (Appendix 1); broad agreement to focus on in-country supply chains as a priority; the initiation of coordinated Inter-agency supply chain efforts both in Nigeria and the Democratic Republic of Congo; collaboration across partners to support a World Bank Knowledge Product that compares the relative performance of supply chain models in low income countries, and; collaboration around issues such as human resources for Supply Chain.

This Strategy Paper underpins the Joint Vision Statement by identifying critical thematic priorities that need to be taken forward urgently (Figure 1). These priorities form the basis of a Joint Work Plan for the Interagency Group (Appendix 2). Initial steps should first and foremost be rooted in coordinated action to improve operational efficiency of supply chains at the country-level. These include addressing critical cross-cutting issues such as enhanced professionalization of human resources for supply chain management; furthering investments in logistics and health management information systems to better inform procurement, forecasting and real-time problem identification; a continued focus on innovations to improve last-mile delivery such as ‘informed push’, direct delivery, distribution augmentation (i.e.

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1 This group includes (but is not limited to) Bill and Melinda Gates Foundation, DFID, GAC, Gavi, German Development Bank, GDF, NORAD, TGF, UNFPA, UNICEF, USAID, WBG, WFP, WHO
mixed fleet, unmanned aerial system (UAS)), and voucher systems, and; exploring management and systems-design innovations such as performance-based financing.

A second set of upstream activities relate to efforts to **strengthen supply chain strategy.** This includes country-led processes to develop forward-looking operational plans for supply chain management, and the prototyping of innovations that examine system efficiencies with the aim of informing national responses to current and future supply chain challenges. To ensure a comprehensive, end-to-end approach, avoid further supply chain fragmentation and given the inter-connectedness of global and in-country supply chains, the work of this group must be aligned with global market-shaping efforts.

Finally, efforts to **enhance the enabling environment** pertain to how global partners interact with one another, with ministries and with implementing partners on the ground to address supply chain challenges. This includes the standardization of key performance metrics to enhance supply chain monitoring and bottleneck identification while fostering common approach to assessing efficiencies; conducting joint partner assessments; and aligning organizational activities, programming and contracting where there are synergies. It also involves furthering the efforts of the Interagency Supply Chain group itself to improve information sharing and the cohesion of global and country-level efforts. Measures to address each thematic priority forms the basis of the Interagency Supply Chain Work Plan (Appendix 2).

The Joint Vision Statement, this Strategy Paper as well as the accompanying Joint Work plan forms a whole and are meant to help guide the work of the Interagency Supply Chain Group over the coming months. They are also a testimony to the shared commitment of members of the ISG to rapidly improve supply chain effectiveness and efficiency by working better together to support country systems and, ultimately to save more lives. These documents will be monitored at regular meetings of the ISG and adapted as necessary as the work progresses.

**Figure 1: Strategic priorities for coordinated supply chain strengthening**
II. Context

The growing demand for supply chain management in the public health sector

In achieving the goals of Universal Health Coverage, supply chains need to respond to the ongoing problem that high-impact interventions and commodities too often fail to reach those in need [1]. The WHO has reported that in the poorest parts of Africa and Asia, nearly 50% of the population lack access to quality medicines and diagnostics [2].

While issues of affordability and local market failures are cited as frequent challenges to ensuring access to essential medicines, the weakness of public health supply chains has remained a consistent barrier across a range of low and middle income countries [3-7]. Despite major investment over the past decades, national supply chains are often unable to effectively respond to existing demands, putting crucial health outcomes at risk.

Supply chain management refers to the core set of activities involved in moving a product (in this case medicines, diagnostics and other health supplies) from the manufacturer to the customer (or patient) [8]. This includes the selection of high quality products; the capacity to forecast and procure; inventory management including storage and distribution, and, associated systems to support information and financial flows (Figure 2). Additionally, the UN Commission on Life-Saving Commodities (UNCoLSC) summarized barriers related to supply chain to provide a framework to produce a best & promising practices review (Figure 3). Furthermore, a reliable supply chain for commodities and products is considered a central pillar of the WHO’s Access to Medicines Framework, and an essential component of a well-functioning health system as a whole [2].

Figure 2: The Supply Chain Management Logistics Cycle
Figure 3: Barriers to improving in-country public health supply chains

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<th>Functions of Supply Chain</th>
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Source: UN Commission on Life-Saving Commodities (UNCoLSC) Recommendation 6, Outcome 1: Challenges and Barriers along the In-Country Supply Chain, October 2013

Significant investments over the past decades to procure and deliver essential commodities have been critical to the success of major global initiatives such as immunization, reproductive health, HIV and malaria [7, 9, 10]. In addition, well-functioning transparent supply chains have the potential to bring down pharmaceutical costs, improve quality, reduce counterfeit medications, increase the responsiveness and resilience of health systems, reduce wastage, and limit medication errors [4].

Crucially, reliable supply chains foster accountability by enhancing the ability to track clear deliverables against investments. This is essential given the four-fold increase in development assistance for health provided to low- and middle-income countries over the past two decades [11]. Over $27 billion is spent annually on global health by multi-country financing organizations such as The Global Fund, The World Bank, UNITAID, Global Alliance for Vaccines and Immunization (GAVI), and bilateral donors [11, 12]. This includes $10 billion for medicines alone [6]. The scale of these activities is enormous and growing. For example, in 2009 UNICEF alone procured 2.79 billion doses of vaccine for 100 countries [13]. Furthermore, recent price reductions have helped dramatically increase the availability and affordability of implantable contraceptives, with 7.3 million units delivered in the world’s poorest countries in 2013 - a near doubling from 2012 levels.

The need for effective supply chains will only increase in coming years. This is driven by greater demand for health products resulting from the demographic dividend, increases in purchasing power, and an increasing need to treat non-communicable disorders [14]. Further pressures result from global efforts to expand access to new technologies and services. For example, at least twelve additional vaccines will become available in the next decade, targeting diseases prevalent in low- and middle-income countries such as typhoid, malaria, and dengue [9]. Pharmaceuticals are already one of the largest and fastest growing cost components of health-care systems - accounting for up to 20-30% of total health expenditure. Out-of-pocket payments comprise up to 75% of this spending, placing a heavy financial burden on patients and households [14]. Continued expansion in the sector will no doubt strain already weak public systems, and simultaneously increase pressure on national regulators to monitor mushrooming private sector supply chains. To effectively contribute to improved health, donors must play a key role in exploring alternatives to the traditional models for delivering commodities.
Models and innovations

The pressure to deliver among low- and middle-income countries (LMIC) has been challenging traditional supply chain models. In most high-income countries, a fully privatized system for drug supply management is employed, with the government role being focused on areas such as policy making and enforcement, quality control and regulation of industry, and financing and reimbursement schemes [15]. LMICs have been more limited in their response, continuing to manage health supply systems that are highly centralized and that rely on ministry offices for all aspects of implementation, including financing, forecasting, procurement, warehousing and the distribution of essential commodities. These systems have been notoriously inefficient and in many cases incapable of providing adequate supplies on a timely basis [16].

Fortunately, concepts in effective supply management are evolving, with innovations taking place across a range of contexts. For example, countries have been investing in a range of technical interventions to improve last-mile delivery including training and supervision, ‘informed-push’ delivery models, and community-directed interventions [10]. Electronic logistics management information systems that optimize the use of mHealth technologies have been demonstrated to improve the flow of timely information about products. While some concerns regarding data quality and scalability persist, these systems and are being taken to scale in a number of settings [6, 9]. Other early stage supply chain innovations that should also be recognized include distribution augmentation (i.e. mixed fleet, unmanned aerial system (UAS)), real-time tracking and tracing of health commodities using automatic identification and data capture (AIDC)², as well as models from private sector supply chains such as cross-border CPFR³.

Much less work has been done to explore potential efficiency gains resulting from ‘system re-design’, which call for a more fundamental re-orientation in supply chain governance and architecture. In many countries, a three (or more) tiered system (central-district-facility) has generally been adopted for supply chain management irrespective of a country’s size, population density, or private sector capacity. Several countries are begging to challenge the logic of this assumption. For example, the Philippines has done away with the Central Medical Stores entirely, with local governments largely procuring directly from suppliers [6]. A recent study from Zambia found large improvements in product availability by reducing the number of tiers in the supply system [17]. A variety of countries are experimenting with decentralization and devolution. The effects of district and facility-based decision making has been positive in areas such as planning and budgeting, whereas system components such as procurement and information systems seem to benefit from strong central coordination [16]. Finally, approaches such as partial outsourcing of storage and/or distribution, and the use of third party logistics providers, have been successful [9, 18].

The need to invest in greater alignment and convergence

Paradoxically, the expansion of global health financing, support for commodity procurement and major supply chain investments have also generated a host of new challenges. The establishment of vertical supply chains by donors is often a result of perceived weakness of national systems combined with the need to adhere to strict performance and accountability metrics [6]. In many instances, these dedicated vertical systems perform very well. But they also prioritize some commodities over others, and can

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² Throughout May and June 2014, members from the International Association of Public Health Logisticians (IAPHL) engaged in discussion regarding pros and cons of adopting various types of AIDC into public health supply chain operations: http://iaphl.org/tag/aidc/

burden national supply chains with segmentation and multiple parallel systems[19]. For example, in Kenya, until very recently there were twelve different types of health commodities provided by at least eighteen different donor organizations, procured by thirteen different agencies, sent to five different warehouses, and delivered through seven different supply chains to health facilities [20]. In Zambia, a relatively small country, the 12 main categories of health products are procured using 19 different sources of funding, 17 different procurement organizations, with at least six first-tier warehousing providers [21].

Where it has been examined, parallel systems have often resulted in higher costs, greater workloads and poor stock control [22, 23]. As many partners seek to track the specific impacts of their own resources spent, economies of scale are usually sacrificed. Vertical financing streams also limit the ability for efficiencies to be achieved through coordinated distribution and inventory management [19, 24].

Despite resources invested over the last three decades, poor availability remains a recurring theme in most low-income settings [7]. Past, current and future investments are at risk if we do not anticipate future needs and develop a more coordinated and strategic approach to supply chain strengthening. In recognition of this, a number of key global stakeholders have established an Interagency Group that is focused on finding ways to improve the design of in-country supply chains, better coordinate their engagement and leverage the existing investments to achieve a more sustainable impact on country systems. The next section outlines an agenda for action, profiling a range of issues where strategic alignment can create much needed synergies and efficiencies. It goes on to propose a series of next steps to advance these aims with urgency.

**III. Suggested priority intervention areas**

Given the challenges and opportunities outlined above, several key areas of convergence have been identified to be taken forward in an integrated manner before the end of 2015, setting the stage for longer term changes in the years to follow. This would involve both coordinated activities at the global level as well as within selected countries. Three major thematic areas are outlined below. The starting point rests with efforts to improve the operational efficiency of established supply chain systems at the country level. Alongside this are actions to address more upstream challenges such as strengthening supply chain strategy, as well as steps to enhance the enabling environment in which donors, ministries and implementing partners interact to support supply chain systems (Figure 1).
1. **Improve Operational Efficiency**

Working to respond to pressing challenges at the country level is a necessary starting point for this Inter-agency effort. In situations where the design of the supply chain is appropriate, the key to identifying bottlenecks and improving supply chains is to monitor and manage them. Key outputs from this process include a human resources training and support strategy, alignment of information systems and forecasting efforts, last-mile distribution and improved performance management systems.

   a. **Human Resources for Supply Chain Management**

   Human resources for supply chain management is a cross-cutting imperative influencing all focus areas. While health supply chains in OECD countries are typically managed by Supply Chain Professionals or outsourced to organizations with those capabilities, government health supply chains in low- and middle-income countries are traditionally managed by pharmacists with limited recognition of the need for supply chain professionals. While some progress has been made in the past few years, through the International Association of Public Health Logisticians (IAPHL) forum and People That Deliver Initiative which are focused on professionalizing human resources for supply chain management, there are few country examples that have moved beyond the traditional training to adopt more relevant leadership models, workforce assessments and competency based approaches. Non-degree training opportunities for people working in the last mile should also be considered. The inter-agency group can provide a more consistent approach in this area, aligning investments to help professionalise and institutionalize supply chain management at a regional and country level.

   b. **Information systems and forecasting**

   Supply chains are dynamic and require constant monitoring and management to be effective, yet the availability of quality data to drive these decisions is often lacking or incomplete. The burden of data collection and reporting is significant and extremely challenging in smaller facilities where the staff are already resource constrained. This information is critical both for inventory management and forecasting.
The adoption of new technologies, in particular mobile health applications and visibility platforms hold great promise. More alignment is needed at country level around Logistics Management Information Systems (LMIS) including standardizing data sets, LMIS tools and where possible leveraging a common LMIS platform across programs. These in turn need to be better integrated with Health Management Information System (HMIS) efforts using visibility platforms to move towards a more proactive and predictive approach to managing the Supply Chain.

Other technological advancement in low and middle income countries include the use of bar-coding and other means of tracking the quality and flow of products increasingly accessible to countries. Given the up-front investments that these systems strengthening innovations sometimes represent, both in terms of capital/infrastructure investments as well as in training, it is critical that fragmentation be avoided and that common global standards, like GS1, are adopted. The introduction of visibility platforms such as Control Towers and Command Centres which are used extensively for commercial supply chains are being considered at both a national (i.e. Rwanda, South Africa) and at a global level (i.e. GFATM). These platforms enable visibility across programs at the different levels of the system, with interoperability across software systems. Finally, mobile Health applications such as c-Stock or Logistimo which track the status of key commodities at the end of each cycle have been demonstrated to provide actionable information on commodity flows in areas without access to electricity. Technologies that support automatic identification and data capture (AIDC) are also being tested in a few countries. Interoperability of LMIS systems should be fast-tracked, and efforts to take pilot programs to scale should be supported.

c. Distribution (including last-mile)
As highlighted above, despite global efforts to improve the availability and affordability of commodities over the past decade, last-mile distribution continues to be a major challenge particularly in rural and remote facilities and communities. Poor infrastructure and lack of transportation remains a major bottleneck, despite the expectation that these facilities provide a broad range of services to the most marginalized communities. Due to the lack of human and financial resources, the services provided at the public health facilities tend to be poor leading many beneficiaries to frequent private providers resulting in high out-of-pocket pharmaceutical-related expenses. The provision of sustainable financing for last-mile systems that are better suited to address these challenges – including efforts such as ‘informed push’, direct delivery, direct pay, voucher systems and basket goods is critical going forward.

d. Performance Management
Strengthening the performance of supply chains requires several inter-related components to function well together - the availability of agreed upon, robust, and actionable real-time metrics to assess performance; continuous feedback loops that ensure the most up-to-date information is available to decision makers at the various levels of the supply chain; systems to respond immediately to barriers and bottlenecks, and; the flexibility to identify and reward good performance. Development organisations have usually relied on after the fact reporting for their programmes, but state of the art supply chains rely on real-time data visibility. There is a need to move away from a “What has happened?” to a “What is happening?” approach utilising the appropriate technology for supply chain knowledge management.

Increasingly, performance-based financing (PBF) is emerging as one effective way to strengthen health systems in resource-poor settings – both in terms of the quantity and quality of services delivered [25-27]. PBF not only creates incentives for healthcare workers to do better; it also gives them more autonomy and access to flexible resources to strengthen their operations considering the very local context. While these efforts continue to be scaled-up across dozens of countries, more attention should
be paid to explicitly using PBF approaches to strengthen the efficiency and effectiveness of supply chains – public or private – from central levels, through to the periphery. As PBF is often associated with additional external funding to incentivize performance, the cost-effectiveness and sustainability such initiatives should also be assessed.

2. Strengthen Supply Chain Strategy

The supply chain strategy includes the legal and policy framework that underpins national supply chains as well as future-looking plans for preparedness, scale-up and further enhancement. Key outputs of this process include the existence of national pharmaceutical master plans, specific program policies like HIV treatment policies, supply chain policy, scale-up strategies, National Drug regulatory authorities, and Pharmaceutical Acts.

a. National leadership, plans and policies

National supply chain plans that are tailored to multiple external donors and specific programme areas frequently lack any core convergence around supply system strengthening strategies. This contributes to perpetuating a fragmented and inefficient national system. If we are to overcome this challenge and support a more holistic and comprehensive approach to supply chain strengthening, the starting point must be a robust national strategic and operational plan reflecting the government's vision for the health commodity supply systems of the country. This should be embedded within wider health systems strengthening efforts, recognizing the critical contribution of a well-functioning supply chain to health outcomes. It will be built upon an up-to-date assessment of the situation; nuanced and innovative approaches depending on different product types; the filling of short-term needs and gaps alongside addressing longer-term perspectives and capacity development; adequate preparation for growing demand, the appropriate mixed use of frugal and advanced technologies (based on the country-specific ecosystem); and detailed costing analyses. Where they exist, these plans should be reviewed and updated regularly. Appropriate consideration of supply issues can be ensured by advocating for including supply chain managers at the decision-making table. Finally, all in-country efforts should align parallel supply chains with the aim of greater integration where appropriate. At the global level, there should also be discussion on how to simplify the country support by orchestrating the supply chain network participants in a manner that would make the value stream leaner.

b. Prototyping, diagnostics and costing

Supply systems must be relevant and cost effective to meet the goals of the national health programs. Over the past few years a multitude of different models have been and are currently being piloted and implemented in many countries including harmonization of vertical supply chains, ‘informed-push’ distribution models, direct-to-patient models, and outsourced services. However, there is limited understanding of the relative costs and performance of either the current systems or of these new models. It is critical to gather evidence to inform under which conditions such approaches should be recommended, and to determine their sustainability considering the movement towards decentralized administrative systems and to meet the expected growth in demand over the coming years.

A consistent approach to the costing elements and the cost-effectiveness of the different supply system models is required while a related exercise on ‘future-proofing’ of current models is necessary to align planning and investments going forward. The World Bank has embarked on the development of a Knowledge Product that aims to look at the performance of various models; including a costing
dimension that would examine the efficiency of various approaches. Taking this work forward effectively will require alignment around key performance metrics; clear methodologies for assessing the costs of supply chains; and advances in financial modelling software such as OneHealth, which has until recently not had a robust supply chain module.

3. Enhancing the Enabling Environment

The enabling environment in this instance refers to the wider context in which development partners operate and ways in which a common agenda can be supported and enhanced. It is a priority for donors to find the right organisational arrangements – including the appropriate blend of global, regional and national level engagement - to deliver the support that countries need.

a. Standardized Key Performance Indicators (KPI)
Agreement by donors, ministries and implementing partners on a common set of metrics with which to assess supply chain effectiveness would greatly enhance overall coherence of the system. This requires agreement on what good performance entails and having a set of relevant KPIs to support that. As programs have taken responsibility for measuring impact and success, indicators have been developed and are increasingly used. However, important distinctions exist between assessing program effects, and designing meaningful metrics to manage or improve a national supply chain. A set of standard KPIs need to be agreed upon that cut across disease areas or health conditions and focus on the effective and efficient functioning of the system as a whole. This is closely tied to the other critical areas, including making KPIs and targets clear in national strategic plans; using these KPIs as data drivers for performance-based schemes; and including KPIs within routine monitoring platforms such as Logistics Management Information Systems (LMIS) and Health Management Information Systems (HMIS).

b. Joint Assessments
Over the past several years, a host of studies, assessments, and analyses have been conducted to examine various aspects of supply chain systems. Many additional ones are on-going or planned. They are rarely shared broadly leading to duplicative efforts, which not only wastes resources but can create a burden on countries where these are taking place. A knowledge sharing platform for joint assessments and mutual discussion and learning needs to urgently be established, including pro-active effort from all partners to draw attention to when new assessments or analyses are being prepared. This knowledge sharing platform needs to be complemented by a knowledge brokering network that can better help translate evidence to policy – enabling a parallel process of joint planning by country partners. Better coming to grips with the ‘science of delivery’ and data-driven approaches are essential. These efforts would be facilitated greatly by shared data standards and key performance indicators, as described in more detail above.

c. Alignment of organizational activities and contracting
As highlighted above, many of supply chain programs funded by external partners focus on disease-specific programs, often in isolation of other partners who may be supporting similar programs or activities. This fragmentation is compounded by implementing partners who are tied to a set of downstream activities, deliverables and indicators that do not foster or incentivize coordinated engagement, wider systems strengthening or in many cases long term sustainability (due to the project based approach). Financing mechanisms change from program to program, leaving gaps and redundancies. There has been a growing recognition of the value of collaboration and alignment at
country level. These include national Inter-agency supply chain coordinating mechanisms; the inclusion of robust supply chain strategies within National Strategic Plans; collaborative work plan development; the scheduling of joint missions between partners; collaboration around research and analytics, and; the joint piloting of new and innovative distribution and delivery systems. These should be documented, shared and actively promoted at all levels within major supply chain partners.

d. Inter-agency Coordination

While the Interagency Supply Chain Group (ISG) is not new, it has been recently reinvigorated in late 2013. There is a clear willingness at the highest levels of agencies and partners to better align and converge respective efforts in support of supply chain strengthening. These efforts are taking place both at the global and country levels – with Inter-agency planning and alignment occurring in DRC, Nigeria, Tanzania, Ethiopia, Senegal and Togo amongst other countries. It is critical to maintain and build on this momentum.

At global level, the ISG is committed to deepening its collaboration and cooperation. While each partner continues to pursue its own supply-chain related programs, there is a commitment to jointly rally around a set of key priority areas, as described in this paper. To more effectively manage this broad group and agenda, the ISG has agreed to work under a rotating chairmanship. Additionally, partners are committed to taking responsibility for some of the priority interventions at global level. This would entail acting as a focal point for the synthesis of activities taking place in that space, articulating knowledge and operational gaps, and identifying opportunities for coordinating efforts at the country level.

At country level, the approach must be tailored to the specific context and build on on-going efforts. The specific priority areas and partners involved will vary from country to country. Where this is not in place, and to strengthen coherence, countries should be encouraged to identify a unique national counterpart capable of bringing together all supply-chain related national programs and institutions, as well as development partners under a national supply-chain coordinating group or committee.

As a first step towards improving coordination globally, the ISG has conducted a mapping exercise of major supply chain donors and global technical agencies. The findings of this review suggest that most development partners directly engaged in supply chain strengthening efforts maintain a ‘disease- or condition-specific lens’ [10,22,23]. These actors support supply chain strengthening across a range of areas – from information systems, to human resources, to last mile delivery innovations. Areas receiving less attention include decentralization, support to Central Medical Stores and 3rd party distribution mechanisms. In addition, the amount of resources invested in supply chain varies greatly from partner to partner. The three largest players, by a very large factor, are USAID, Global Fund and GAVI, each investing more than US$1 billion each year in commodities and supply chain strengthening. UNICEF and UNFPA both invest several hundred million dollars annually - with a large majority of these investments being for commodity procurement. Contributions from other partners are much smaller in scale. This mapping work is highly preliminary and more detailed effort is required to better understand potential synergies, redundancies, and opportunities amongst the various efforts. This is perhaps best done at country level where the opportunities are greatest and where the impact of duplication, lack of coordination and coherence carry the greatest potential for disruption.
IV. Conclusion and Next Steps

This is a very large agenda which builds upon a great deal of on-going work. The idea, as described above, is to prioritize areas where concurrent efforts are happening and could gain from a more coordinated and concerted action.

As detailed in Appendix 2, the suggested priority intervention areas are translated into a set of concrete actions to be undertaken over the coming months, with lead partners assigned for each area at global level. This will be further refined out over the next few weeks, with clear outcomes, timelines and, where necessary, any supplementary human or financial resource implications. Building on existing efforts, country-specific joint plans are also being outlined by interested national governments and in-country stakeholders, with Nigeria and DRC representing two good early examples. As addressing bottlenecks in all countries will not be possible, the inter-agency group is also identifying countries which are shared priorities for more than one agency, to initiate the proposed alignment efforts.

The Joint Vision Statement, this Strategy Paper as well as the accompanying Joint Work plan forms a whole and are meant to help guide the work of the Interagency Supply Chain Group over the coming months. They are also a testimony to the shared commitment of members of the ISG to rapidly improve supply chain effectiveness and efficiency by working better together in support of country systems and, ultimately to save more lives. These documents will be monitored at regular meetings of the ISG and adapted as necessary as the work progresses.
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