

Covid-19 Supply Chain System Assessment—final draft Executive Summary

17 February 2021

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Assessment of the Covid-19 Supply Chain System (CSCS)

- Commissioned by WHO as advised by the CSCS Task Force in October to answer key questions
- Steered by the Joint Steering Group comprised of CSCS Task Force members and chaired by the Danish Refugee Council
- WHO is the Secretariat and is a part of the Advisory Group
- WHO supported that the assessment be as 'independent' as possible

Did the CSCS establish and implement a global strategy to help with access to critical and life-saving Covid-19 supplies?

Did it:

Bring together the collective capabilities of public and private actors to meet these needs?

Achieve equitable access to critical Covid-19 supplies achieved? Did this vary between diagnostics, oxygen, and PPE; and if so, in what way?

Ensure the transport of vital Covid-19 cargo?

Identify key learnings along the way?

What contributed to success? What could have been done differently?

What next:

Which aspects of the CSCS, if any, could be useful to continue or adapt to ensure equitable access of critical Covid-19 tools for the next wave of the pandemic response?

What learnings of the CSCS could be useful for other emergency responses?

Headline statistics of the CSCS supply chain, 2020

\$1.037 billion Covid-19 supplies for 184 countries

43% PPE, 43% Diagnostics, 14% Biomedical (of value)

907 million units of PPE were supplied to 168 countries

70 million diagnostics tests/kits were supplied to 162 countries

58,246 oxygen concentrators to 127 countries (mostly to LIC, LMIC)

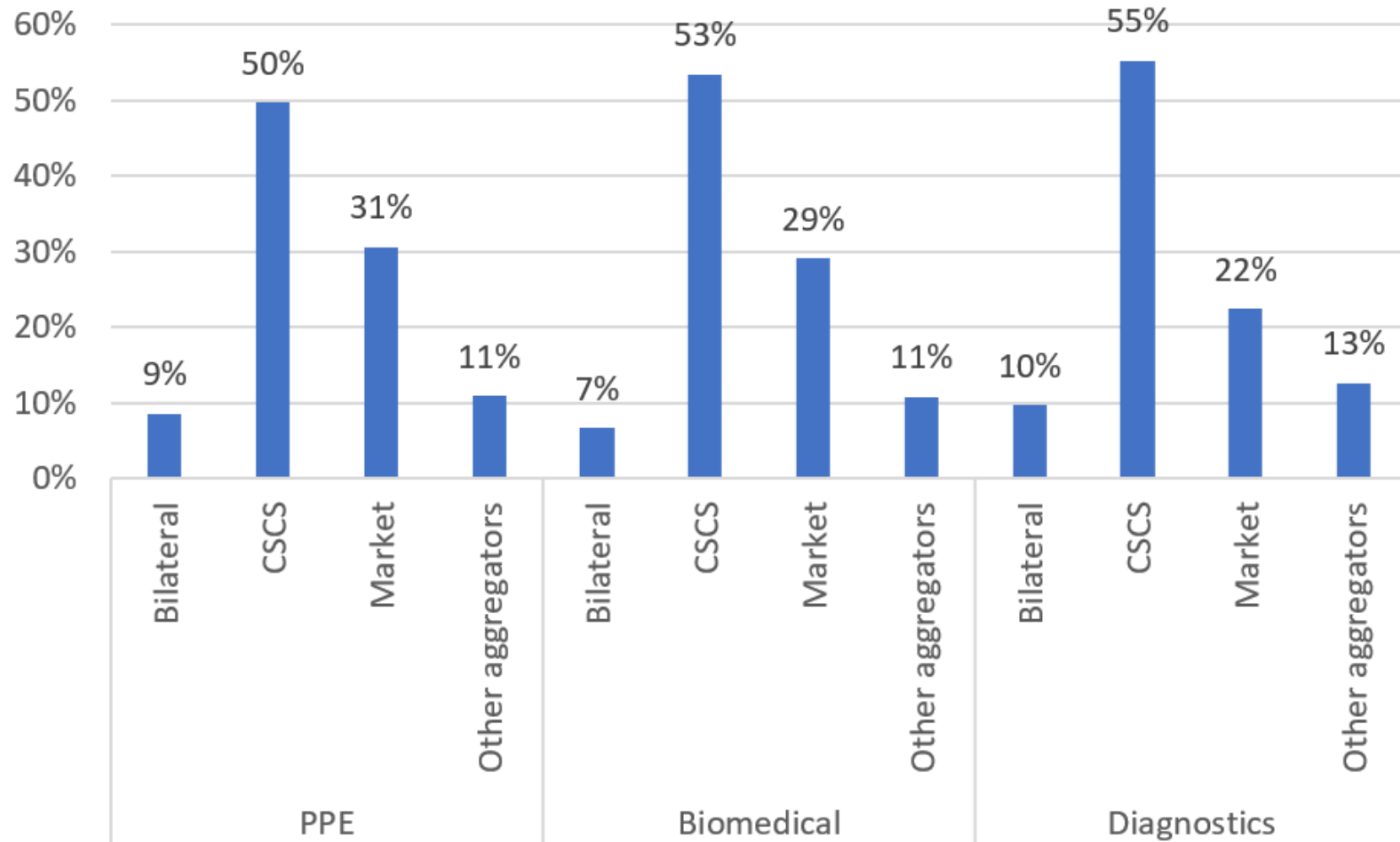
3,462 ventilators to 84 countries (approximately half were UMIC)

64% was delivered by air. Of which approx. 60% were managed by the WFP hub and spoke system.

12 main buyers, with 73% of Covid-19 supplies procured for countries by WHO (including PAHO) and UNICEF.

Of the 184 countries, 29 were low-income and received 25% of the supplies, 51 were lower-middle and received 37% of the supplies, 57 were upper-middle and received 31% of the supplies, and 47 were high-income countries and received 6% of the supplies

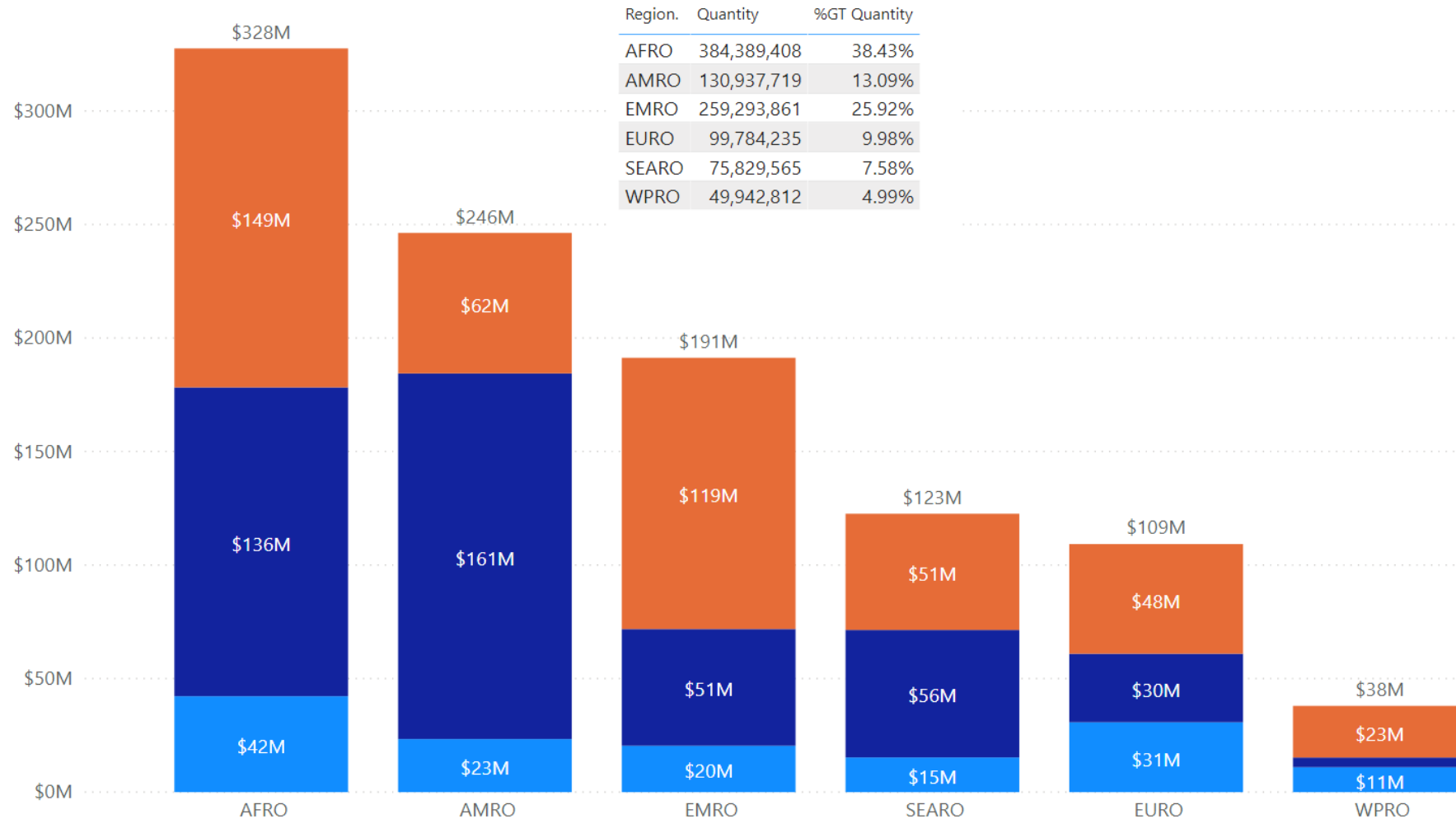
Supply Channels - Since the start of the SARS-CoV-2 pandemic, from which sources did you access your COVID-19 supplies?



Procurement values supplied, regionally

Data as of 31 December 2020

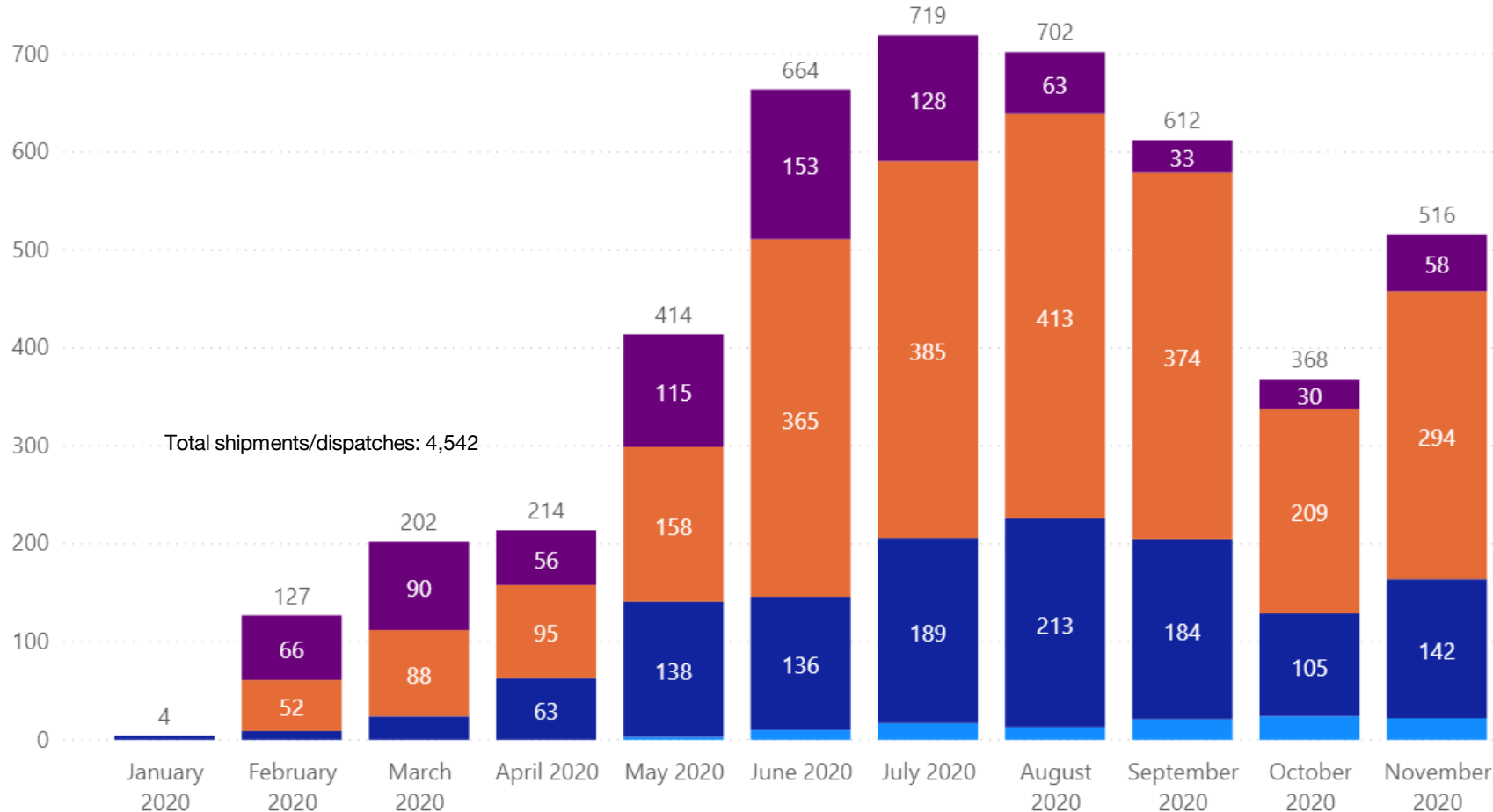
Category ● BIO ● DIA ● PPE



Region.	Quantity	%GT Quantity
AFRO	384,389,408	38.43%
AMRO	130,937,719	13.09%
EMRO	259,293,861	25.92%
EURO	99,784,235	9.98%
SEARO	75,829,565	7.58%
WPRO	49,942,812	4.99%

Estimated number of deliveries to countries by month

● Global Fund ● UNICEF ● WFP ● WHO



Notes:

- Data through November
- WFP, UNICEF, WHO and GF only – approx 90%
- No. of WFP, Global Fund, and WHO dispatches is determined based on a count of a combination of destination country and dispatch date
- Data does not include passenger movements

- Deliveries every month
- Rapid scale-up
- Slower in April-May
- Then steady growth

Overall - What worked well

EARLY SIGNALS TO MARKETS



- Within 2 weeks of PHEIC being called (30 Jan) WHO warned of shortages publicly & the DG sent letters to manufacturer CEO and countries
- Within 4 weeks of PHEIC (and 1 week prior to Pandemic being called), WHO projected a need of 1.3 billion PPE units over coming 9 months for LIC/LMIC – which proved to be >80% accurate

RAPID DEPLOYMENT OF SUPPLIES & FUNDING



- By end February, WHO had pushed a first surge of PPE and test supplies to 47 countries on a no regrets basis. UNICEF had shipped PPE and tests to 8 countries.
- By early March, a bridge fund had been created with the Gates Foundation for rapid deployment of supplies
- By 11 March, the Solidarity Fund was launched and used to deploy urgent supplies
- By end March, >300 shipments to >110 countries.
- Fast movement by health humanitarian actors
- Preparations (post Ebola and influenza pandemic) enabled a rapid response by WHO & UNICEF

EARLY COORDINATION & STRATEGY



- Within 2 weeks of Pandemic being declared (11 March) the CMT approved the creation of a Supply Chain Task Force to be established
- Clear concept and strategy that focused on the right topics (demand/allocation, market/acquisition, delivery) and structure (Task Force, Control Tower, Country Portal)
- Consolidated delivery channel available for all in February (later named Solidarity flights) – used by the UN, Jack Ma, NGOs, etc.

SUITE OF PLANNING TOOLS

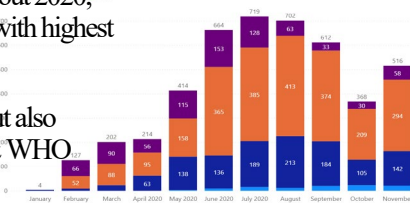


- On-line information on the CSCS with contact points, reference documents, links to systems & tools, videos, etc.
- Partner Platform, Supply Portal, Essential Supplies Forecast Tool – first versions out in March
- Most comprehensive on-line tools to facilitate coordination at country level, quality forecasts, and data sharing to enable a coordinated, effective supply chain.
- *But* Supply Portal was the most complex and not used in full or built out – so was a point of frustration

DELIVERY



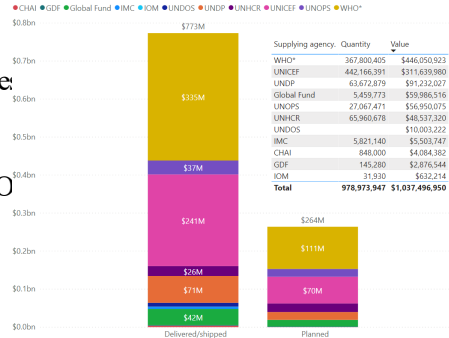
- Cargo & passenger corridors remained opened throughout 2020, including during months with highest travel bans April-May
- Multiline cargo – WFP but also UNICEF, Global Fund & WHO
- Game changer for NGOs



USE OF HEALTH PROCUREMENT ASSETS OF THE UN & PARTNERS



- Multi-lane approach to procurement expanded access to the market overall
- Largest - UNICEF & WHO



Overall - Better if

STAY PANDEMIC-RESPONSE LED

Stay Pandemic-response led to provide authority & expertise (a 'final voice,' if needed) on:

- Negotiation and ensuring access terms link to procurement
- Specifications, use-case & suitability of supplies
- Demand forecast - top down & bottom -up
- Demand generation
- Allocation of scarce supplies
- Product innovation

EXECUTION LEADERSHIP

Establish a fire-wall between coordination & implementation.

Use data to understand needs, monitor performance, communicate.

A small ExCom of principles to provide strategic leadership and focus

Maintain an overarching, end-to-end view of markets & supply chain - including demand (needs, funding) and supply (availability, price, allocation) and strategies.

More senior-level engagement across partners (not just WHO) to keep strategic and agile. The right people in the right place.

PLAYBOOK ON ROLES & A SYSTEM TO COORDINATE

Consult Countries/Regional bodies, Global Health Partners (GF, Gavi, CHAI, UNITAID, BMGF, FIND, etc.), WB/IFIs, UN agencies, NGOs on design.

Define data needs, Communication strategy, Roles

Establish a suite of tools -focus on visibility, coordination, planning & end-to-end execution (not an ERP system).

Build during 'peace-time'

Include a plan for Duty of Care - UN and NGO staff

Use current momentum

FINANCING

Coordinate with the World Bank and other IFIs.

Establish bridge fund (fast capital) that can be access by buyers while their funding materialises (slower capital).

Establish a pooled fund(s) for products in limited supply so a minimum allocation can be based on need not funding availability (e.g., automated PCR tests, antivirals, vaccines - novel and pathogen specific products)

REGIONAL & LOCALISATION

Empower and engage local and regional procurement mechanisms - as a central part of a future mechanism

Consider regional and local markets, and specifications

Be more transparent with countries and regions on market situation and allocation decision-making

COORDINATION OF MULTI-LANE APPROACH

To maximise impact and minimise complexity to countries & markets

Procurement & Delivery

Technical specs, QA, procurement and delivery to countries, and market-facing engagement on demand & access negotiations

DATA

Define data needs for visibility of a supply chain operation and market situations.

Define data needs beyond the CSCS - for multi-directional information and data flow.

Establish data sharing compacts and pre-build a system for data sharing given system interoperability challenges.

Use data to drive performance, manage risks, course correct, support decision making.

MARKET-TAILORED STRATEGIES TO ACCESS

The approach to access critical supplies should be tailored to markets.

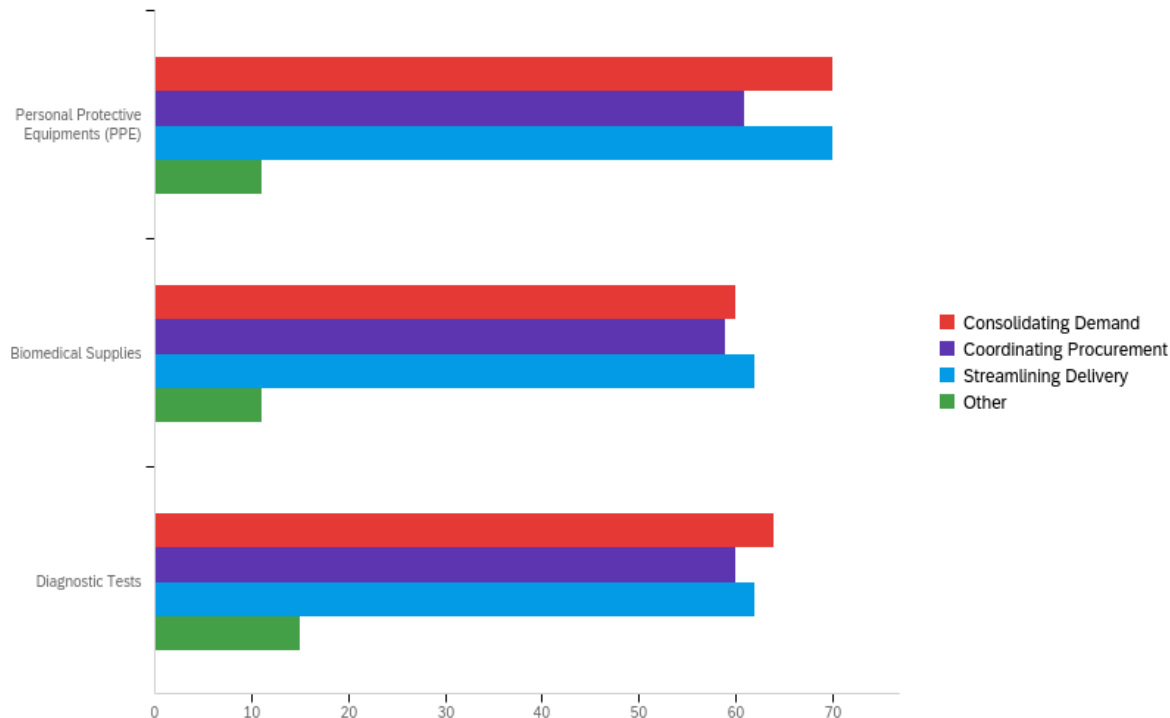
Commodity (PPE), Pathogen specific (Tests, Vx), Equipment (O2, Vents)

Including:

- Preparation (strategic stockpiling)
- Procurement strategy
- Roles (see subsequent slides)


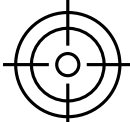
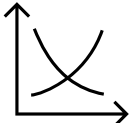
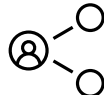


From interviews and surveys, the vast majority think the CSCS concept was right—and a CSCS-type of mechanism is needed for the next phase of the pandemic and for future health emergencies.

Q4.16 - In your opinion, which aspects of the CSCS could be useful to continue or adapt to ensure access to COVID-19 supplies for the response to the next wave of the SARS-CoV-2 pandemic? (select all that apply; in case you believe no aspects should be continued or adapted please leave all boxes unmarked)



- The approach and mechanism needs to be developed based on learnings from the CSCS. With countries and with the WB.
- Improvements need to be made in how the CSCS works as a coordinated team
- And how it supports countries and regional bodies – via their leadership. Consider more radical approach that shifts procurement and production to the regions

Learning board - Recommendation

 <p>Coordination Decision-making Information sharing/communication Collaboration</p>	<ul style="list-style-type: none"> • Decisions, strategies, and coordination needed to be pandemic-response led • Establish a data and information exchange strategy • Use data –driven analysis to monitor performance and support decision-making • Engage countries and regions, public health partners, and WB • Establish an active communication approach– within the mechanism and externally (strategy, market situation, progress, etc.)
 <p>Strategy Implementation & agility Impact Efficiency</p>	<ul style="list-style-type: none"> • Maintain pandemic response in leadership role with firewall between coordination and implementation • At onset of mechanism launch, start with ‘Playbook,’ make rapid consultations with regions, countries and partners (UN & NGO, Foundations) on strategy • Use data –driven analysis to monitor performance and support decision-making • Set-up should be based on market analysis and informed by market typology characteristics • Align on products – use-case, specifications, etc.
 <p>Demand Forecast & Accuracy Segmentation Visibility Use</p>	<ul style="list-style-type: none"> • Quantify demand and demand segments, be clear with assumptions on demand, designate unfunded demand • Provide regular updates to demand • Country level coordination around demand based on national plan – and channels of providing supply (government direct to market, aggregators, bilateral, etc.) • Coordinate demand with WB and other major aggregators.
 <p>Allocation Equitable Timely Appropriate</p>	<ul style="list-style-type: none"> • Allocations should be led by pandemic response – to align with pandemic response strategy,. To have a view across pandemic products being allocated, etc. • Criteria – combination of current and modelled epi, vulnerability, other supply channels, country capacity • Consult regions, countries, experts on allocation criteria and definition of equity. Make timely allocations and provide the basis. • Take strategic actions to prevent allocations being done, de-facto, by manufacturers • Decide on allocation channel for humanitarian staff
 <p>Procurement Quality Speed Quantities Price</p>	<ul style="list-style-type: none"> • Acquisition strategy based on market typology. Use rapid, innovative tactics and avoid traditional, long procurement • Regionalize, localize procurement as much as possible • Coordinate buyers • Extend Access terms to others • Establish shared QA – especially for commodity markets with rapid production increase • Monitor price and lead-times • Provide delivery mechanism with information for pipeline planning
 <p>Delivery Timely Cost</p>	<ul style="list-style-type: none"> • Coordinate delivery channels • Use pipeline plans from buyers for planning set-up (hub & spoke) and deliveries • Provide pre-delivery advice, and real-time status of delivery. Be able to pull a specific delivery out from consolidation. • Pool costs • Find solutions for special cargo types (temperature sensitive, regional, etc.) • Data & Information: from volume and dispatches, to also items, values, deliveries, etc.

Recommendation: in order to achieve equitable access to essential pandemic supplies, WHO leadership is needed and should be adapted to different phases, working with countries, the UN, global health partners, WB/IFIs, and markets

BUILD THE PLAYBOOK

To move quickly and efficiently – draw on a “playbook” (including roles, responsibilities, data needs, etc.) and preparedness measures (e.g., strategic inventory) to adapt based on the pathogen and scope of the outbreak.

Develop with countries, regions, global health partners, WB, IFIs. Incorporate lessons learned.

Build on Ebola & Covid-19 lessons learned

RAPID RESPONSE

Be prepared to provide a rapid response cushion for 2-3 months via a combination of regional, country and global actions

Adapt the Playbook.

Build on Ebola & Covid-19 lessons learned

MAXIMISE ACCESS

Provide leadership for a global response that empowers regions, countries and partners by setting goals, coordinating, and providing visibility.

Continue with main architecture: Pandemic Lead, Purchasing Consortia, Streamlined Delivery. With new regional, country lens and market typology based

Keep pandemic led: Allocations of scarce quantities, specifications, use-case, and negotiations with markets at key moments

Country needs

Build on the partner platform

Coordinated Supply Chains, including ICL

Build on the concept of the supply portal and PIC/S

Visibility on global markets

Build on global market dialogues

Thank you.
The Yellow House

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