

# Strengthening Public Supply Chains in the COVID-19 context and beyond

## Context

The COVID-19 pandemic is a significant challenge to global and national health and welfare systems. Structural and functional vulnerabilities are exacerbated by these additional pressures, straining the limited capacity of national authorities to respond effectively for citizens and residents, along with refugees and displaced persons.

The pandemic is having a severe adverse impact on the global economy with damaging spill-over effects and disruptions of international, regional and local manufacturing and supply chains. The current situation limits the ability of countries to produce, ship, and deliver - on time and in full - all required health products to meet the recent COVID-19 induced demand.

Supply chains are under enormous pressure from end to end – from supplier to recipient and beneficiary. They must be resilient enough to manage significant spikes in demand, alternative priorities for commodities or locations of need, yet still, guarantee timely delivery of life-saving and other emergency and routine health items.

The supply chain workforce is under special constraint, due to restrictions on movement (air, sea and land) amidst an increasingly complex operating environment. Supply chain staff are essential; they must be protected by safety protocols and have personal protective equipment (PPE) to enable them to safely procure and deliver supplies from end to end in the supply chain.

In this challenging context, UNICEF recommends a phased approach to address supply chain challenges. This document provides rapid guidance for Country Offices to assist governments in identifying and responding to immediate and growing needs during the COVID-19 pandemic response, while also investing in efforts to build more resilient national systems – to build back stronger as public health approaches transition back to normalcy.

Current events highlight the importance of investing further to optimise the foundations, performance, emergency preparedness and resilience of national and district-level supply chains against external shocks. They emphasise the need to empower governments to manage efficient public systems, sustainably and to be ready for future surges in demand, directly contributing to saving lives.

## Acute response phase recommendations

The following actions address acute needs in the context of the pandemic but may indirectly strengthen supply chain maturity for the medium- and long-term.

1. **Include supply chain workers in the list of critical staff** (e.g. *pharmacists, logisticians, drivers, packers and others*) required to ensure the continuation of in-country logistical operations. Also ensure the wellbeing of all following the WHO-issued [guidelines for health workers, getting the workplace ready for COVID-19](#) and [rational use of PPE](#).
2. **Prioritise efficient COVID-19 health technology procurement and delivery**, so that they can be continuously available across all levels of the system. This product selection is recommended to be aligned to the national essential medicines list and should consider commodities utilised to [diagnose](#) and [treat](#) COVID-19 and the ones employed to address critical medical conditions such as [HIV](#), [TB](#), [non-communicable diseases](#) and others.
3. **Adjust existing quantification of existing national needs for all health products and commodities** considering epidemiological and programmatic assumptions, such as the interruption of health services likely to directly affect demand over a given period. Particular attention should be paid to life-saving commodities based on local health recommendations, i.e. vaccines, ARVs, cancer treatment.

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4. **Support the development, adaptation or enforcement of national guidelines** that regulate the minimum acceptable shelf life for all donated and procured health technologies (*as feasible and considering the local circumstances and needs*).
5. **Develop context-driven national procurement plans** which consider the following parameters:
  - a. Inventory levels including expiration dates across the public system (*central, regional, local and pipeline*)
  - b. Consumption levels which reflect the new COVID-19 reality and real-time trends (*demand levels would increase or decrease depending on the type of health technology*);
  - c. Uncertain and shifting lead times for international shipments, as well as local logistical capacity.
6. **Coordinate with all involved stakeholders** (e.g. through a government-led or UN COVID-19 Supply Chain System (CSCS) Task Force, UN OCHA Health Cluster, if established) to ensure transparency and alignment across all ongoing efforts and aim for a reduction or elimination of duplicated contributions, with a focus on procurement activities to reduce the risk of overstock. Develop or strengthen the existing mechanism for monitoring vaccine, medicine and health technology disruptions -see point 8-.
7. **Execute procurement plans** for all required health technologies considering context-specific lead times. UNICEF has made available the [COVID-19 health emergency supply note](#) and the [Supply Catalogue](#) to support your efforts. When procuring through UNICEF, contact [SD Country Support](#) should you have any questions.
8. In the downstream component of the in-country logistics context, when feasible, ensure sufficient pre-positioning of stock to reduce delivery-related lead-times. Furthermore, it is crucial to **manage supply and demand levels** to identify stock-risky (excess or shortages) situations proactively with enough time to implement corrective actions and prevent the risk from becoming a reality. This process complements forecasts and informs/updates procurement plans and shipment-related requirements.
9. Taking into account the in-country inventory assessment above, **assess the operational requirements and logistical capabilities** of the downstream supply chain to identify gaps and opportunities to respond to the crisis and build resilience for the future.

## Transitioning phase recommendations

As the public health and economic situation stabilises and the response efforts shift from tactical to strategic, UNICEF Country Offices and partners should consider the following capacity-strengthening activities:

1. Include a supply chain strengthening component **when developing country-specific COVID-19 related grant proposals or supporting government health system strengthening plans**. According to the global [Logistics Cluster](#), an average of 73% of humanitarian response costs are supply chain-related. Therefore, increasing the resilience and shock-absorption capacity of public supply chains is critical to address long-term challenges and strengthen national health and welfare systems.
2. **Develop a country and context-specific strengthening plan**, utilising the UNICEF Supply Chain Maturity Model. This allows governments and partners to assess the performance of public supply chains across five-levels of a maturity continuum. As

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an assessment and monitoring approach, this will enable governments to:

- a. Identify gaps to prioritise for investment and intervention across all areas of the national supply chain
  - b. Inform the government's response and UNICEF's technical contribution to strengthening the public health and welfare systems;
  - c. Review the progress achieved by introducing the interventions chosen and inform future decisions.
3. **Document the transition of technical know-how and capacities to government agencies** to enrich the local workforce with new era skills in data science, outsourcing, contracting, monitoring and network optimisation, among other areas identified as a priority.

## Health systems strengthening considerations

When strengthening national supply chains, consider the following recommended criteria:

1. Interventions should have cross-cutting benefits that extend beyond a single health programme or disease;
2. Interventions should address policy or organisational / institutional constraints, or build relationships;
3. Interventions should produce permanent and sustainable results, beyond the defined period of the intervention;
4. Interventions should be tailored to local constraints and opportunities; and
5. Interventions should have identified clearly defined roles for, and strategies to build lasting capacity among local institutions.

## Critical success factors

1. Supply chain management is an essential pillar in achieving programmatic results. Therefore, it is crucial for Supply and Health personnel to closely

coordinate efforts in evidencing gaps and needs, advocating for, and devising solutions to support the government in their response to COVID-19 and beyond.

2. Strengthening the government's data analysis capacity to support decision making processes. This workstream should review and link health and supply chain operational data to inform programmatic and upstream supply chain operations including planning, ordering and procurement.
3. The UNICEF guidance on digital health and digital engagement for COVID-19 preparedness and response provides the framework to use the input from the health worker and the community to complement the above-mentioned analyses.

## contacts for support in UNICEF

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