Building local capabilities and supply chains is half the battle in winning the war on pandemics.

Richard Brennan, Director of Emergency Operations at the World Health Organization (WHO), was director of the organisation’s Department of Emergency Risk Management and Humanitarian Response during the Ebola crisis in West Africa. As the virus spread rapidly and the WHO sprang into action, it quickly became apparent that the countries involved in the crisis did not have the capacity to allow for the flow of crucial supplies. In the panic, borders were closed to prevent the spread of the disease. But that meant hazmat suits and other medical supplies couldn’t be distributed to frontline clinics in affected areas.

At the 9th Annual Conference on Health and Humanitarian Logistics, held in Copenhagen last June and co-organised by the INSEAD Humanitarian Research Group, UNICEF, Georgia Tech, MIT and Northeastern University, Brennan described a number of barriers that prevent medical professionals from giving the help they can during pandemics.

Speaking about an unprecedented “scale of need and risk”, Brennan noted that, with a backdrop of more than 65 million people displaced from their homes, over 200 epidemics are documented each year. In Yemen, in the spring, 86,000 cases of cholera were cited but, due to security risks, the number of staff on the ground was limited. (It was recently reported that the number of cases is expected to reach a million before the end of the year.)

A massive increase in capacity to deal with pandemics is therefore more necessary than ever before. But how can this happen in practice? Host of the recent G20, German Chancellor Angela Merkel spoke about how the WHO has improved: “What has now been created in the WHO – a coordinated procedure in the event of a crisis – will play a crucial role. But that also depends on assistance being made available at a central point; that means: personnel, material and funds. In exchange, we as member states of course also expect transparency and accountability regarding how the resources have been invested.”

Healthy supply chains

Personnel, materiel and funds are needed to send help to conflict zones or resource-constrained countries in the throes of pandemics, but logistics are of vital importance to ensure the right helper gets to the right place with the right equipment. Sometimes the issue is as basic as supplying beds to a hospital in an outbreak zone.

In the face of this, academics and professionals from NGOs and the private sector at the conference...
addressed various ways in which supply chain and logistics can correct these shortages and help large humanitarian organisations respond effectively to disasters.

In a presentation called “Designing Global Health Supply Chains for the Future” by Maeve Magner and Prashant Yadav, trends in health care were examined with the inclusion of global organisations, local governments, private companies and the patients themselves. In the past, solutions were generally focused on NGOs, but now there is a push to include countries in the supply chain improvement discussion. One especially pertinent question for governments arising out of this presentation was “Is your supply chain ready to support a highly patient-centric model across public and private channels?” NGOs try to keep solutions as local as possible and as international as necessary.

Another presentation that focused on the importance of engagement at the national level was “Ensuring Sustainability of Supply Chain Systems Strengthening Interventions”, sponsored by UNICEF and the Ugandan government. Looking at the current supply chain, they described five key interventions to help countries take ownership of supply chain operations at a local level and ensure timely and efficient facilitation. These include: centralisation of procurement, warehousing and distribution; a published delivery schedule; embossing all essential medicines and health supplies with a special mark; ensuring “last mile delivery” to clinics; and better vaccines management.

Improving efficiency at the local level can have immediate benefits. One study in Benin found that optimising the vaccine supply chain with centralised storage, aside from saving money, also improved motivation and professional awareness among health workers due to training, supportive supervision and better work conditions.

The INSEAD Humanitarian Research Group and I presented a report about UNICEF’s responsiveness: “Humanitarian Agility in Action: UNICEF’s Response to the Yemen Crisis”. For an overview of the report, please see my previous INSEAD Knowledge article.

Better coordination required

An outbreak can spiral into a full humanitarian crisis as well as a medical one. According to Brennan, changes at the national level can help the WHO and other humanitarian bodies to be more responsive at the international level. Countries need logistical capacity and competence, as we saw. But we also need to ensure collaboration between governments, local authorities, the United Nations, NGOs, private companies and academia.

From the global point of view, more coherence between networks is needed so that worldwide organisations share processes and vocabulary. For example, the WHO and UNICEF co-established the effective vaccine management framework to address shortcomings in vaccine supply chains at the national level. Joint training across international bodies could smooth operations and communication across the institutions.

There is more work to be done on the Global Pandemic Supply Chain Initiative, a group that focuses on supply chain and logistics improvements to respond to pandemics. The framework of the initiative already includes identifying what must be procured and delivered in response to a range of possible pandemic outbreaks but, according to Brennan, it must go further. Practical logistical arrangements at the local level need improvements to ensure medicines and personnel get to the places where they are needed most, safely.

Strong supply chains are important, but not only for humanitarian organisations. Firms also must remain agile in disasters; therefore better coordination between global humanitarian organisations, governments and companies could go some way towards improving preparedness for pandemics.

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