



Supply Sources

inSupply Health and Reproductive Health Supplies Coalition (RHSC) have released a report in 2023 examining strategic supply chain adaptations that were undertaken by stakeholders in sub-Saharan Africa (SSA) in response to the severe supply chain disruptions caused by the COVID-19 pandemic. The report, *Adaptations used to ensure contraceptive access during the COVID-19 pandemic*, was issued through RHSC's Compass initiative, which supports greater resilience in supply chains and marketplaces following the COVID-19 pandemic.

The 2023 report documents adaptation strategies that were planned and/or applied in six categories: policy and advocacy, financing, supply sources, digital interventions, adjusted inventory management policies and procedures, and modified transport options and warehousing solutions. The insights from this report are intended to be used to increase the resilience of supply chains now and in preparation for future crises. This brief documents the findings for one of the six adaptation categories presented in the report.

"...Even if you have the money, getting the product is not easy. Having adequate supply within the right turnaround time is a challenge. Some commodities have a monopoly situation. When you talk about Implanon, for instance, you're not getting it easily because MSD is the only manufacturer in the world. So it's difficult for us to get particular commodities when you are coming with orders that are small quantities, they don't mind you. Utilization of the funding was the main issue, there were no commodities and supplies were a challenge. At some point, the funds were not sufficient because of the increase in prices..."

— West African Health Organization

Early in the pandemic, as priorities and resources rapidly shifted toward the pandemic response, weaknesses in supply chains were exacerbated, exposing risks and interdependencies, including between reproductive health (RH) commodity suppliers and the suppliers of raw materials and other required manufacturing components. RH supply chain actors responded with adaptations to address risks related to the sourcing of both manufacturing inputs and finished RH products.

Adaptation: Collaboration between social marketing organizations (SMOs), governments, and non-governmental organizations (NGOs) to share information on RH supplies availability

Governments in SSA faced challenges maintaining health product availability due to the combination of disrupted global supply chains and the shift in priorities toward COVID-19 response. Organizations found new ways of collaborating to address supply shortages at the national and regional levels. For example, health ministries, SMOs, and NGOs in Guinea, Senegal, and Mali shared and aggregated inventory information within countries to inform procurement decisions.

Using this information, organizations coordinated and leveraged their supply networks, adjusting their order volumes to maximize supply for specific products. Working together, organizations were able to identify alternative sourcing strategies, such as advocating for RH supplies through the United Nations Population Fund (UNFPA), that could help to stabilize product availability and reduce the risk of stock-outs.

Adaptation: Negotiate with suppliers of raw materials and components to increase inventories

Manufacturers of some RH products were in direct competition with other types of manufacturers for raw materials and manufacturing components; for example, latex is needed for both condoms and personal protective equipment (PPE), and vials are required for injectable contraceptives and vaccines. RH supply chain actors reached beyond the suppliers from whom they purchased finished goods, to negotiate inventory terms with the companies who supplied the raw materials and manufacturing components. SMOs and manufacturers used a variety of agreements to increase and stabilize upstream supplies and to reduce price fluctuations.

Adaptation: Explore the use of alternative suppliers

Raw materials shortages, combined with personnel shortages due to COVID-19 case rates and lockdowns, as well as with other constraints to result in delays in purchase order fulfillment. Global RH manufacturers sought to fill their own sourcing gaps by establishing relationships with new suppliers. This strategy aimed to diversify their supply bases and reduce risk, considering that different regions and suppliers were experiencing the effects of the pandemic at different times.

Adaptation: Leverage partnerships and procure supplies through multiple channels

Decreased levels of supplier responsiveness and longer supply lead times were common, during periods when manufacturing was disrupted, and output decreased. Some smaller buyers perceived that purchase orders from larger buyers, possessing more market power, were being prioritized over their own orders. Both global and local partners coordinated to try to level the playing field and improve equity in access to supply. Some partners, such as West African Health Organization, coordinated with each other to gain access to new procurement mechanisms and sources of supply; other multilateral partners, such as UNFPA, worked to reduce procurement barriers that may have been limiting access to supply for some countries or organizations.



Key Takeaways

Adaptations in this category improved the stability of supply using several different approaches. Most strategies resulted in activities that could be sustained, replicated, or redeployed in the future to address supply constraints. The experience demonstrated the value of a diverse supply base and visibility of supply and demand across geographies and products. RH procurers and buyers across the value chain - manufacturers, distributors and resellers - must continuously review and work to diversify and strengthen their supplier base for RH supply resilience.

