

# Logistics of Reducing Impact of Communicable Diseases

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# **Logistics of Reducing Impact of Communicable Diseases**

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# Partners In Health - Overview

PIH is an international non-governmental organization dedicated to delivering high-quality health care to people and communities devastated by the high burdens of poverty and disease.

PIH's work has three goals:

To care for patients

To alleviate the root causes of disease

To share lessons learned around the world



# The PIH Model of Care

**Access to primary care**

**Free health care & education for the poor**

**Community partnerships**

**Addressing basic social & economic needs**

**Serving the poor through the public sector**



# Logistics in Transition

PIH has a long, demonstrated history of successful logistics and procurement management for chronic communicable diseases with long-term treatment implications (HIV, tuberculosis).

How do we transition and adjust our logistics practices to be able to address emergency situations, disasters, and disease outbreaks?

What should our response be, on both an **organizational** and a **community** level?



# HIV Experience

## **Organizational response:**

- Created detailed enrollment plans with timelines and targets, allowing projections to be made and shared with confidence.
- Worked closely with advocacy groups to expand access to generic drugs and fixed-dose combinations.
- Encouraged wholesalers (like IDA Foundation) to expand product range to include HIV drugs. Orders could be consolidated and PIH did not need to negotiate contracts with multiple suppliers.

## **Community response:**

- Created *accompagnateur* program. Trained and paid community health workers to deliver ARV drugs daily and to serve as a link between the patient and necessary social support services.



# Cholera Challenges

## Organizational:

- No clinical experience with cholera among PIH/ZL staff.
- Onset was rapid. Information lacking about the expected rate of new cases, the movement of the outbreak, and if/when it would hit Port au Prince.
- Procurement of a wide range of materials, including medicines, medical supplies, infection control items, sanitation/disinfectants. Multiple sources needed for complete response.





# Cholera Challenges

## Community:

- Residual weaknesses/lack of health infrastructure from earthquake damage.
- Poor sanitation in camps, lack of clean water or alternative water sources.
- Need for rapid outreach and education campaigns, and material distribution.
- Addressing rumors and anger about the source of the outbreak and the locations of cholera treatment centers.





# Cholera Solutions

## **Organizational:**

- Capitalized on disaster management expertise developed after the earthquake, including warehousing, NGO partnerships, and involvement in the UN Cluster system.
- Centralized logistics decisions with one on-the-ground person.
- Lined up materials in the US ready for deployment to Haiti as needed.
- Worked with in-country partners to locate materials for immediate use.

## **Community:**

- Used the existing *accompagnateur* network to expand outreach and education efforts to under-served communities.
- Distributed cholera kits, including buckets, water purification, soap, educational materials.



# Lessons learned, ongoing needs

- Cholera experience reinforced the importance of flexibility and creative solutions in purchasing and supply chain.
- Response strategy needs to reflect disease profile.

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PIH has need for technical support and assistance to address:

- The challenges of transitioning and growing a complex logistics system, including strategic planning, forecasting, warehousing, stock management, and staff training.
- The feasibility of pre-placement of materials for future emergencies.
- The proper approach to long-term planning based on disease patterns and epidemiological data.