Summary Report

 With the theme of "Localisation in Practice – the future of Health & Humanitarian Logistics Systems"

the 15th Annual Health and Humanitarian Logistics Conference (HHL) took place **on 21-22 November** at the **Kenya Red Cross, Boma Hotel, Nairobi**, bringing together practitioners, aid agencies, government representatives, innovators, academics, and others from Kenya, the East Africa region and globally. In all, representing 70 organisations (see list at annex 1).

Sponsored by UPS Foundation and Chemonics International, the HHL once again demonstrated its immense value as a collaborative platform for a broad range of organisations and innovators to show-case their brand to a wide audience and link to a valuable annual cycle of follow-on activities within the aid community.

Designed and supported by the conference steering group[1], the event programme was driven by case studies and discussions with a mix of high level and interactive engagement that focused on key topics such as the latest developments on the new malaria vaccine distribution, temperature-controlled storage, and transport for last mile operations. For example, Wootton Automotive exhibited the latest Grenadier 4x4 vehicle and Zipline showcased the latest use of drone technologies. Prompting significant interest were two highly innovative products presented, by Graphene Leaders Canada, using nanotechnologies that can revolutionise the arena for rapid diagnostic testing, as well as water filtration in remote locations.

George Fenton, Chief Executive of the Humanitarian Logistics Association, introduced the history and evolution of the Health and Humanitarian Logistics Conference, emphasizing the importance of

bringing in more practitioner elements and mixing different sectors to share knowledge about humanitarian logistics.

Ahmed Idris, Secretary General of the Kenya Red Cross, delivered the opening address, highlighting the intertwining of humanitarian work and politics, emphasizing the need for humanitarian professionals to be involved in political discussions related to resource distribution, prioritization of development, and public governance. Idris stressed the importance of considering the real cost of saving lives and the inability to quantify the value of human life in monetary terms, challenging the notion of cost efficiency in humanitarian work.

He also pointed out the global disparities in funding and attention to different humanitarian crises, highlighting the unequal prioritization of lives in different regions and the privatization and patenting of technology and systems at the cost of human life. Ahmed Idris shared stories and reflections to emphasize that humanitarian work goes beyond logistics and requires a sense of compassion and understanding of the pain of the people being served.

Fatima Tafira, the regional lead for WHO's emergency supply chain for Africa, opened Day 2 of the conference by discussing the challenges and strategies of managing emergency supply chains in Africa. She highlighted the impact of civil unrest, natural disasters, and disease outbreaks on supply chain operations. Tafira emphasized the need for a robust supply chain strategy, focusing on stockpiling, local and regional sourcing, partnership and collaboration, and innovation.

She provided detailed statistics on WHO's current stock and items in the Nairobi hub, emphasizing the importance of pre-positioning hubs for warehousing capacity. Tafira also discussed efforts to localize and regionalize sourcing, particularly focusing on quality assurance and regulatory compliance to support local and regional manufacturing.

Tafira shared examples of collaboration with various organizations and countries, such as working with Kenya Airways to address transportation challenges for infectious substances. She also highlighted the partnership with Africa CDC to build capacity and respond to emergencies effectively, the importance of leveraging partnerships more widely, and the need for effective communication and collaboration to address challenges in emergency supply chain management.

The Conference covered key insights from various presentations and breakout workshops for example:

Chemonics emphasized the need for preparedness work, site assessments, and stability studies before unforeseen events. Advocating for building trust with key stakeholders, especially the private sector, through transparency and close coordination during uncertain times will be critical to ensure effective health service delivery.

The Health Supply Workshop:

· Identified a lack of data in the humanitarian supply chain, highlighting the necessity for centralized data sharing.

· Stressed the importance of training for supply chain experts and the need for key performance indicators (KPIs) to monitor end-to-end supply visibility.

· Addressed challenges such as a shortage of staff and called for greater collaboration to reduce supply chain risk.

· Highlighted that 23.9 million people globally, urgently require aid, with 24% of the root cause being healthcare related. Further discussion related to:

   o Challenges, including planning issues, limited funding, lack of coordination, and a shortage of professional staff.

   o Advocating for local government support to overcome funding restrictions and emphasized the importance of integrating ministries of health for crises preparedness.

Logistics preparedness project by the Global Logistics Cluster:

· Discussed emergency preparation steps focusing on prevention, protection, mitigation, response, and recovery.

· Advocated for prepositioning resources and using platforms like 'Stockholm' to locate organization stocks.

· Introduced the LogIE Tool, a location-based technology for improving coordination and data quality in emergency response.

· An earlier presentation focused on mechanisms to address the environmental impacts of humanitarian logistics – issues are being tackled via the GLC's 'WREC' project.

The Last Mile Workshop:

·   Explored the strengths and weaknesses of local firms in the last-mile delivery process.

·   Acknowledged lower taxes, available skills, and environmental benefits but noted limitations in quality, search capacity, and infrastructure.

·   Emphasized the positive impact of partnerships with governments, highlighting the importance of training, transition, and incentivizing women-led companies.

These insights collectively underscored the importance of collaboration, data-sharing, and preparedness in humanitarian and health logistics. For further details please refer to the Speaker Presentations.

Feedback from conference participants has been extremely positive, indicating that their time was very well spent, with the quality of information presented being rated as either excellent or very good. Of note, has been the importance and value of three site visits that were arranged with the ICRC regional logistics centre, the Kenya Red Cross warehouse facility and to the Emergency Plus (E-Plus) Ambulance Service operations centre.

80% of participants surveyed wish to see the HHL Conference return to East Africa in 2024. Further news to follow on this!

Annex 1

Company List - Health and Humanitarian Logistics Conference 2023

1. Acanova
2. Action Against Hunger
3. Addis Ababa University
4. ADRA International (Yemen)
5. Bünemann Interim-Management
6. Business Connect
7. Cardiff University
8. Catholic Relief Services
9. Centrale Humanitaire Medico-Pharmaceutique (CHMP)
10. Chapman Freeborn
11. Chemonics International Inc.
12. Church World Service
13. Craigie Communications
14. Crown Agents
15. d-fine GmbH
16. eHealth Africa
17. GLC Medical International
18. Global Communities
19. ICRC
20. inSupply Health
21. International Committee of the Red Cross
22. International Rescue Committee
23. INTERSOS
24. Humanitarian Logistics Association
25. Johnson & Johnson
26. KDF
27. KEMSA
28. Kenya Environment and Waste Management Services
29. Kenya Medical Supplies Authority
30. Kenya Medical Training College
31. Kenya Ministry of Health
32. Kenya Red Cross Society
33. KNH
34. KPS
35. Maersk
36. Maji Milele Limited
37. MEBS GLOBAL REACH LTD
38. Médecins Sans Frontières - Holland
39. MEDS
40. Millennium Water Alliance
41. Ministry of Health

42. Mission for Essential Drugs & Supplies-USAID Dawa za Ubora
43. MOH-NASCOP
44. MoveOne
45. Nairobi City County
46. Nazava
47. Netherlands Red Cross
48. PATH
49. Pharma.Aero
50. Project Last Mile
51. PS Kenya
52. Rapid Response Services
53. Rapid Response Services International DMCC
54. ReachAnother Foundation
55. Reliefline Kenya
56. Saint Peter Specialized Hospital
57. Save the Children International
58. Strathmore University
59. TBGH
60. The Kenya Red Cross Society
61. UNICEF Kenya Country Office
62. University of Nairobi
63. USAID - Bureau of Humanitarian Assistance
64. USAID Dawa za Ubora
65. USAID Dawa za Ubora - Implemented by Mission for Essential Drugs and Supplies (MEDS)
66. USAID/KEA
67. William J Clinton Foundation
68. Wolkite University
69. Wootton Automotive | INEOS Grenadier Kenya
70. Zipline

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[1] With thanks to the HHL Steering Group: Georgia Tech Center for Health and Humanitarian Systems, UNICEF People that Deliver, Logistics Learning Alliance, Chemonics International, MIT Humanitarian Supply Chain Lab, Coventry University, INSEAD Humanitarian Research Group, and HLA