



# Project Last Mile (PLM) in South Africa:

## Leveraging private sector expertise to strengthen de-centralized access to life-saving medicines in the public health sector

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### Background / Introduction

LIMITED access to life-saving medicines threatens global health. Project Last Mile (PLM) is a private-public partnership supported by a Global Development Alliance and works directly with local Departments of Health to improve universal access to life-saving medicines, including vaccines.

#### PLM is driven by a simple question:

**If you can get a Coca-Cola product almost anywhere in Africa, why not life-saving medicines?**

By sharing the technical know-how of the Coca-Cola system with the public health sector on country-specific issues, PLM can leverage strategic successes that go beyond the value of monetary investment. Since 2010, PLM has reached eight African countries, sharing the niche expertise of the Coca-Cola system with public health sectors.

### Methods

PLM's model is differentiated by a detailed Engage & Alignment phase at inception, whereby members of the Coca-Cola system work directly with government health officials to troubleshoot gaps and synergize solutions with the niche expertise that the Coke ecosystem affords, such as route-to-market economies for life-saving medicines; diagnostic tools for locating demand-driven health services and commodities; effective and cost-efficient outsourcing; strategic marketing; and capacity building.



As a strategic partner to NDoH since 2015, PLM supported the following deliverables for CCMDD:

- Geospatial Mapping – to generate demand-driven locations for PuPs
- CCMDD Business Case and Financial modeling – to support the financial investment in CCMDD
- District Decongestion Plans – to generate strategic placement of PuPs and facilitate local buy-in.
- Design new route-to-market approaches – engaging innovation from private sector
- Engage, enlist and manage private sector retail outlets for participation – including CSR programs.

PLM measures progress and impact using a participatory, mixed methods, longitudinal approach. The Yale Global Health Leadership Institute tracks quantitative data from PLM partners to measure changes in performance and gathers qualitative data from key informant interviews to learn about program context, successes, and challenges over time. Field visits after critical project phases are conducted by the Yale team to gather contextual insights. To date, Yale as conducted two site visits; held structured observations at CCMDD PuPs and performed 38 interviews with key stakeholders.

### Discussion

The CCMDD program has vastly expanded since the partnership with PLM began in December 2015. Although the accelerated growth cannot be directly linked, PLM's partnership with NDoH is considered highly catalytic in this regard. PLM was able to provide strategic geomapping data to propose demand-driven pick-up points and district-based decongestion plans. PLM was also able to serve a coordinating function for the multi-sectoral program, assisting to align private and public sector stakeholders; bring corporate pick-up points on board using a franchise model approach; and to assist NDoH with third party contract negotiations and tender proposals. PLM was also able to propose and secure innovations for CCMDD delivery via the CIPLA Foundation, particularly in rural areas which lacked infrastructure.

To date, there are over 3100 health facilities registered with the CCMDD programme and over 1.5M patients actively enrolled across eight provinces, compared to 592 facilities and 238,000 patients just two years ago.

This partnership and process of alignment shows promise for similar contexts which can benefit from private sector expertise. PLM's private sector expertise; ongoing communication and responsiveness; and flexibility and alignment with key stakeholders were considered critical elements for a successful collaboration. Challenges include how to sustain these efforts beyond PLM's strategic engagement and cascade the capacity, technology and innovation necessary for data-driven approaches in resource-constrained settings.

### PLM in South Africa – Supporting CCMDD

In South Africa, PLM directly supported the Central Chronic Medicine Dispensing and Distribution program (CCMDD) in conjunction with the National DoH. In 2014, CCMDD was implemented so stable patients with chronic diseases, including HIV and non-communicable diseases (NCDs), could collect their medications from external, community-based pick-up points (PuPs); thereby decongesting health facilities and enabling HCWs to focus on acute patients and specialty care (i.e., antenatal).

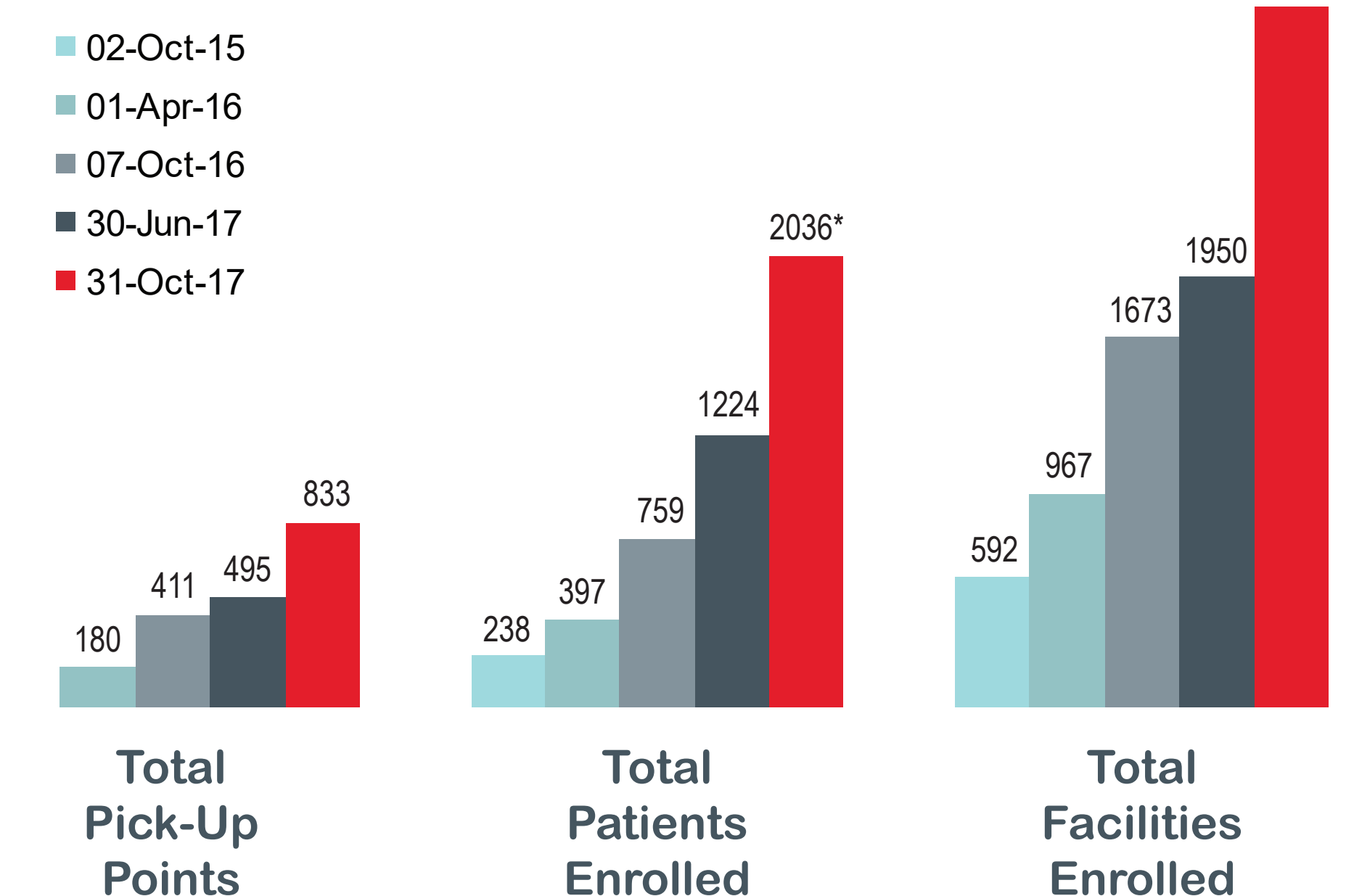


### Results

Since late 2015, the CCMDD programme has vastly expanded, particularly with the onboarding of external PuPs, health care facilities participating in the program and patients being registered to collect their medication parcels from external pick-up points. PLM's contributions have been considered highly valued and widely catalytic in this regard. Key contributions of the partnership have included:

- Private sector technical expertise, including access to geomapping data and value proposition for onboarding external pick-up points from private sector
- Alignment with key stakeholders and support partners
- Ongoing communication, accessibility and responsiveness to NDoH, provincial and district level health authorities and support partners
- Adaptation and flexibility to contextual challenges and fiscal constraints
- Network and boundary spanning in a complex, multi-sectoral project.

### National Impact



\*Cumulative totals to date – not all patients currently active.

Key barriers that emerged included 1. pace of uptake exceeded NDoH budget leading to funding and resource constraints, particularly with PuPs reaching capacity 2. sustainability of PLM contributions in future work and 3. contextual challenges, such as lack of infrastructure for data transfer, IT skills, etc.

### Next Steps / Way Forward

In its final phase, PLM in South Africa looks forward to transitioning the work to date to a sustainable, strategic program that will have a durable impact for the patient and public sector and:

- Save patients time and transport money = more productivity
- Improve access to treatment and adherence
- Decongest facilities and improves quality of care
- Enable the public sector to allocate resources strategically to areas with high patient volumes
- Save healthcare workers time and resources to spend on acute patients
- Capacitate the public sector and support partners to work collaboratively with data-driven, context-specific solutions that are strengthened by innovation and private sector technical expertise.
- Expand PLM and its learnings from CCMDD beyond South Africa, to other settings that may benefit..

**When we come together, communities benefit.**

