



The Global Language of Business

# Government and regulatory body Think Tank

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Tuesday 17 September 2019, African GS1 Healthcare Conference, Lagos, Nigeria





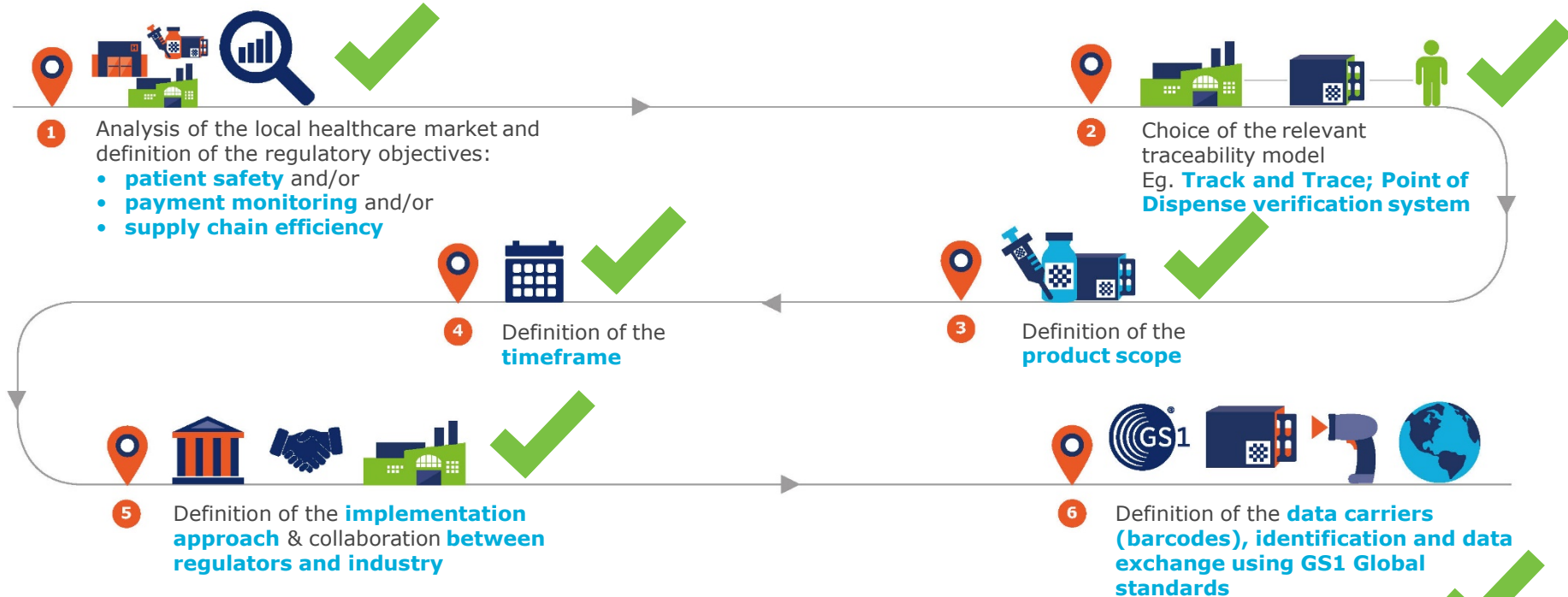
14:30 – 14:45	<b>Opening remarks</b> <i>Géraldine Lissalde-Bonnet, GS1 Global Office</i>
14:45 – 15:45	<b>Traceability in practice</b>  PSM Traceability Roadmap (20 minutes) <i>Lindabeth Doby, USAID</i>  Overview of GS1 standards in Healthcare: GTIN, GLN, GDSN <i>Pete Alvarez, GS1 Global Office (20 minutes)</i>  <i>Tania Snioch, GS1 Global Office (10 minutes)</i>  <i>Stew Stremel, Reproductive Health Coalition (RHSC) (10 minutes)</i>
15:45 – 16:15	<b>Coffee break</b>
16:15 – 17:15	<b>Panel: Harmonised traceability requirement using global standards</b>  <i>PSM: Kaitlyn Roche</i> <i>USAID: Tobey Busch</i> <i>Global Fund: Philippe François</i> <i>WHO: François-Xavier Lery</i> <i>Moderator: Tom Woods, World Bank</i>
17:15 – 17:30	<b>Closing</b> Scanning to ensure patient safety <i>Cara Charles-Barks, MBE, CEO, Salisbury NHS Foundation Trust, UK</i>





14:15 – 14:30	<b>Opening remarks</b> <i>Géraldine Lissalde-Bonnet, GS1 Global Office</i>
14:30 – 15:45	<b>Panel: Launching a traceability initiative – a regulatory perspective</b> <i>Nigeria, NFADAC: Prof. Mojisola Adeyeye</i> <i>Rwanda, RFDA: Edouard Jose Munyangaju</i> <i>Malawi, Medicines and Poisons Board: Mphatso Kawaye</i> <i>Zambia, Medicines Regulatory Authority: Dr. Zuma Munkombwe</i> <i>Kenya, Pharmacy and Poisons Board: Gedion Murimi</i> <i>NEPAD: Margareth Ndomondo-Sigonda</i> <i>Moderator: Collins Agoro, PSM</i>
15:45 – 16:15	<b>Coffee break</b>
16:15 – 17:30	<b>Next steps:</b> <i>Tom Woods, The World Bank</i> <i>Margareth Ndomondo-Sigonda, NEPAD</i> Discussions on next steps to ensure concrete and coordinated outcome of the Think Tank
	<b>Closing remarks</b>

# The road to medicinal products traceability



[www.gs1.org/docs/healthcare/Public-Policy/GS1\\_Healthcare-ROAD-MAP\\_FINAL.pdf](http://www.gs1.org/docs/healthcare/Public-Policy/GS1_Healthcare-ROAD-MAP_FINAL.pdf)

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# PSM Traceability roadmap



Lindabey Doby, Senior Supply Chain and MIS Advisor, USAID  
Tuesday 17 September 2019



Lindabeth Doby

Senior Supply Chain  
and MIS Advisor, USAID

Currently a Senior Management Information Systems (MIS) Advisor with US Agency for International Development (USAID), Ms. Doby manages a large business intelligence & analytics contract and the global health supply chain MIS as well as advises numerous country information system implementations ranging from large Enterprise Resource Planning (ERP) systems, Warehouse Management Systems (WMS) and electronic Logistics Management Information Systems (eLMIS). Ms. Doby regularly collaborates with colleagues from other global donor organizations to promote global data standards, system interoperability and data exchange for better end to end supply chain visibility.

Prior to working with USAID, Ms. Doby managed several large projects for two financial institutions with extensive world-wide presence. In addition to holding master degrees in Engineering (ME) and business (MBA), Ms. Doby is a certified Project Management Professional (PMP), Certified Supply Chain Professional (CSCP) and has volunteered extensive time in numerous civic organizations over the past twenty years.



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# Achieving End to End Supply Chain Data Visibility through Global Standards

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2nd Africa Regional GS1 Healthcare Conference

17 September 2019

MOE-2013

# Content

- The Journey to Self Reliance
- Current Initiatives
- Next Steps



## — The Journey to Self Reliance

# USAID's New Policy Framework

*USAID defines self-reliance as:*

- A capacity to plan, finance, and implement solutions to local development challenges*
- A commitment to see these through effectively, inclusively, and with accountability*

MISSION

ENDING THE NEED FOR FOREIGN ASSISTANCE

VISION

THE JOURNEY TO SELF-RELIANCE

USAID'S  
APPROACH

FOSTERING SELF-RELIANCE



ADVANCE COUNTRY  
PROGRESS



INVEST FOR IMPACT



SUSTAIN RESULTS

USAID'S  
TRANSFORMATION

STRENGTHENING USAID TODAY AND FOR TOMORROW



ENABLE PEOPLE  
TO LEAD



ENSURE COHERENCE IN  
POLICY AND PRACTICE



ALIGN BUDGET AND  
POLICY PRIORITIES

What is self reliance in the context of public health supply chain?

## Patient-Driven Distribution Model



Sustainable  
Governance



Private  
Sector  
Engagement



Supply Chain  
Segmentation  
(distribution  
channels tailored to  
client and product  
categories)



End-to-End  
Visibility and  
Planning  
Innovation

RISK MITIGATION

ACCOUNTABILITY

# How is USAID's traceability initiative relevant?

## **This initiative shares a vision –**

To leverage global standards to enable identification of every item procured at every point in the supply chain, from manufacturer through administration to the patient

## **In order to –**

To enable a secure and efficient supply chain from source through to service delivery

## **Which supports self-reliance through –**

- Enabling end-to-end data visibility to increase availability at the last mile
- Identifying opportunities to optimize supply chain planning and operations
- Ensuring supply chain security
- Increasing patient safety

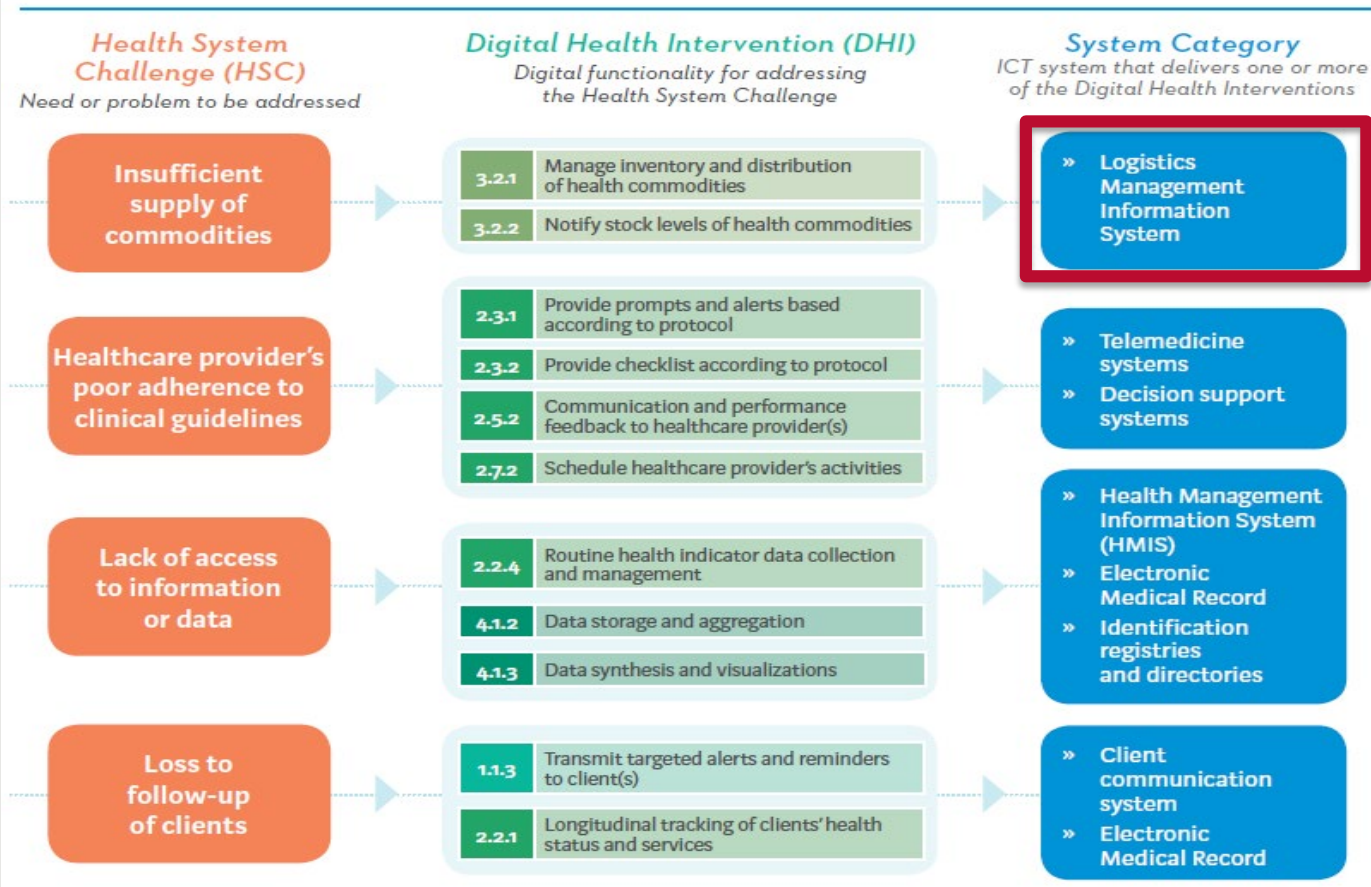


- **Four USAID elements to GS1 Initiative**
  - Global Standards, Public Health Information Systems
  - Strategic Engagement
  - Upstream supplier requirements
  - Country traceability roadmaps

- Global Standards: A New Foundation for Public Health Information Systems

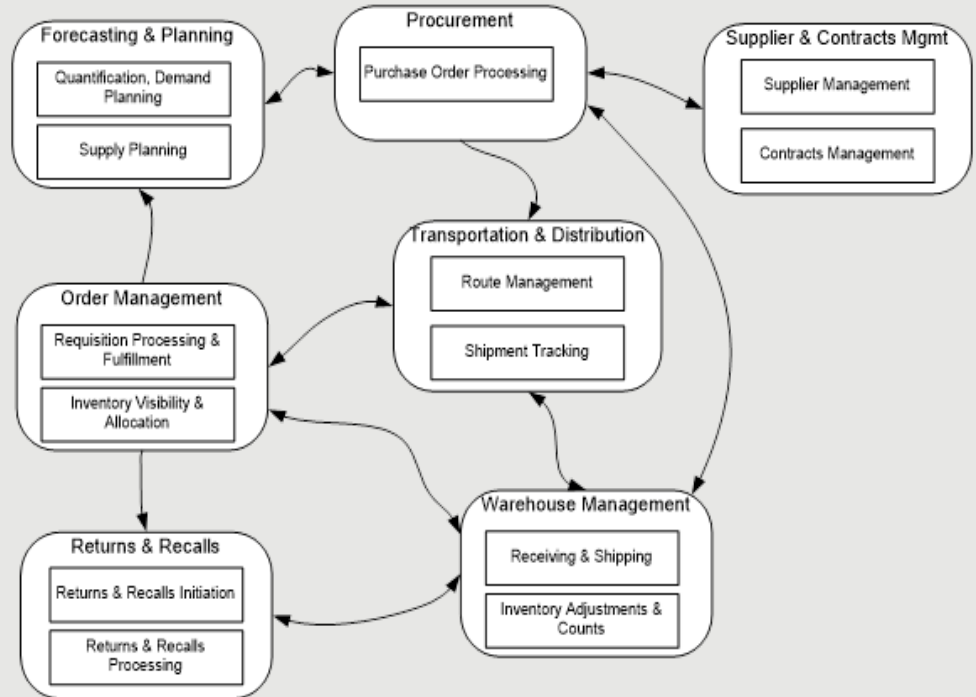
# Supply chain information systems are a component of digital health interventions

**FIGURE 1. LINKAGES ACROSS HEALTH SYSTEM CHALLENGES, DIGITAL HEALTH INTERVENTIONS, AND SYSTEM CATEGORIES**



# Supply chain information systems are increasingly complex

- Moving from reporting to transactional
- Expanded functionality to cover various supply chain areas (e.g. forecasting, procurement, order management, contracts management and logistics)
- Transitioning from one system/one domain to multiple systems crossing multiple admin domains (CMS, MOH, NDRA, customs, suppliers, donors)
- Major issues with data quality





# The Challenge

A new foundation is required for our information systems in order to achieve end-to-end data visibility and traceability.

# The Opportunity

Global standards can enable these linkages:

- Between global, national and sub-national trading partners
- Between all in-country health information systems
- Between the physical movement of a product and the data flow about that product



# — Strategic Engagement



# ISG Position Paper

## From the Interagency Supply Chain Group:

Visibility for Health Systems: Adoption of Global Data Standards (GS1)

### About the ISG

The broad purpose of the Interagency Supply Chain Group (ISG) is to share information and seek greater alignment across supply-chain investments to bring more impact to individual agency supply chain strategies. The group promotes coordination both globally across programs, and locally through national leadership with the overall aim of improving the efficiency and effectiveness of in-country supply chains. The ISG is an informal partnership of 15 major actors involved in providing supply chain support to countries: Bill and Melinda Gates Foundation, DFID, Global Affairs Canada, the Global Drug Facility, KfW, the Global Fund, Gavi, NORAD, UNDP, UNFPA, UNICEF, USAID, World Bank, WFP and WHO.



Boxes of medical supplies are sorted before being distributed among the mobile health upgrades at the Chitrualecua District hospital in Mapai, Mozambique, in July 2016. ©UNICEF/RECH

### Background

Medicines supply chain execution and responsiveness require synchronization of supply and demand, as well as the orchestration of three flows of commerce, that are the movement of goods, information and funds, across an increasing number of logistics and trading partners, spanning a wide (if not global geographic) region. Whilst the implementation of traceability systems has been identified by National Regulatory Authorities as a useful and efficient tool to combat falsification and illicit distribution of medical products, only some countries have issued progressive traceability regulation. Many have not, and are still assessing various implementation mechanisms, alter

natives or otherwise have not approached this topic at all<sup>1</sup>. The international community has recognized the need to support countries in determining what these best approaches are. Since 2014, the international development community has promoted the use of global data standards (GS1) to provide a wider and harmonized framework for supply chain visibility, strengthening anti-counterfeiting measures and sharing of data between parties. The Interagency Supply Chain Group recognizes the value for advocating for both effective and sustainable solutions to enable traceability and safe passage of medicines through national supply chains and have committed to strengthening this response accordingly.

### Current activities of the ISG

- Strengthen global and country advocacy for the adoption of GS1 standards and traceability systems with countries, in collaboration with other relevant stakeholders.
- Accelerate the understanding and adoption of an open and global supply chain standard, globally, through technical support, education, and collaboration with manufacturers.
- Collaborate to improve donor procurement guidelines, including the requirement for the use of GS1 standards for identification and barcoding on the different packaging levels, and coordinate with manufacturers on an implementation timeline.
- Develop a roadmap & timeline for the adoption of GS1 standards in labeling all health commodities and products.
- Provide technical assistance to several countries in defining parameters necessary to implement National Traceability Systems. These include development and finance implementation plans for barcoding of health commodities for member states, e.g. support to the Government of Ethiopia to implement a nation-wide adoption of barcoding technology.

<sup>1</sup> Fourth meeting of the member state mechanism on substandard/spurious/falsely-labelled/AMBM/43 falsified/counterfeit medical products, 13 November 2016, provisional agenda item 4C. Existing technologies and 'track and trace' models in use and to be developed by member states. Draft document submitted by Argentina.

## ISG Position Paper on GS1 Implementation

- In August 2017, the Interagency Supply Group (ISG) published a position paper on GS1 implementation.
- Activities included:
  - Collaborate to improve donor procurement guidelines
  - Develop a roadmap & timeline for the adoption of GS1 standards
  - Provide technical assistance to several countries in defining parameters necessary to implement National Trace-ability Systems

# Donors are supporting standards implementation from the global and local perspectives

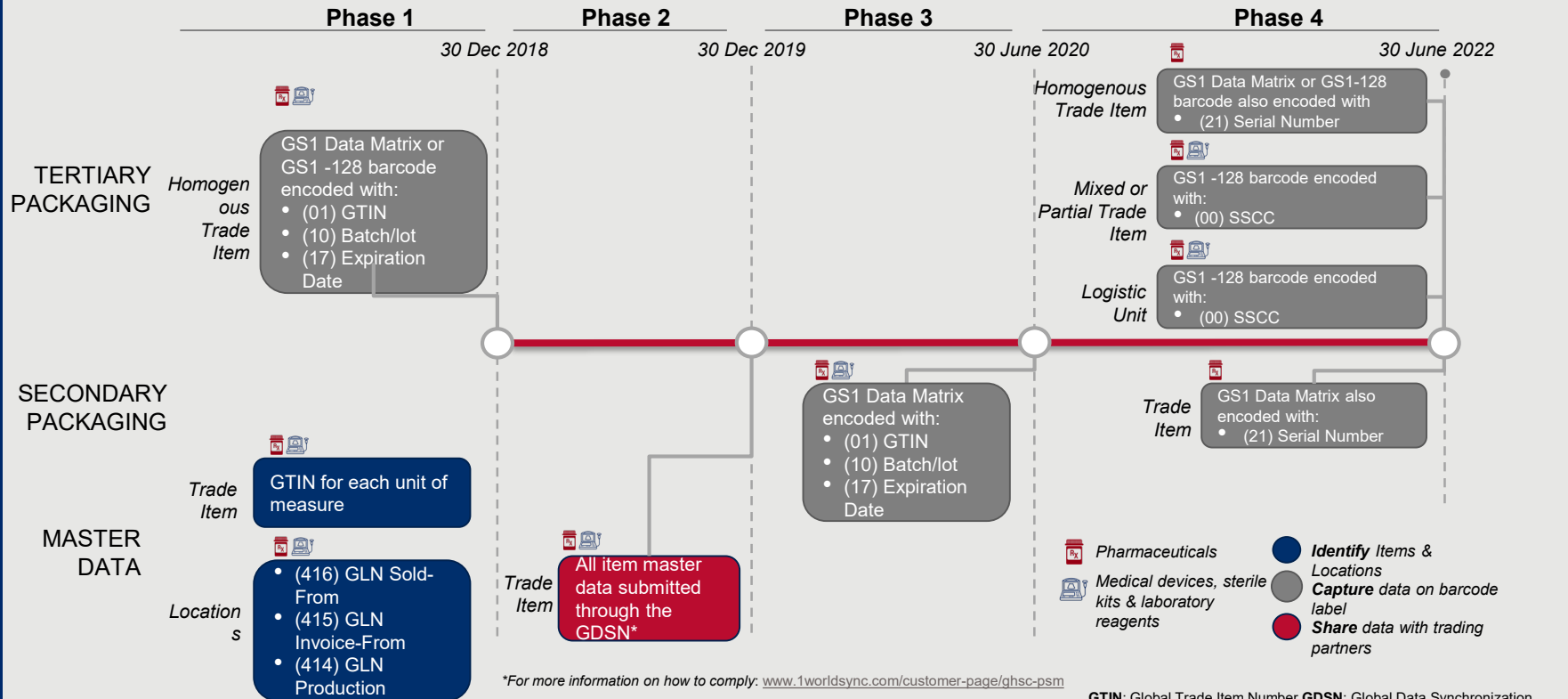


- In March 2019, USAID joined forces with Global Fund, Stop TB, UNFPA and UNDP to issue a joint procurement requirement for manufacturers
- Requirements include specifications for:
  - **Identifying** trade items and locations
  - **Capturing** that data via barcode labels
  - **Sharing** master data

... all using GS1 global standards
- Scope includes pharmaceuticals, medical devices, laboratory reagents, and sterile kits
- Phased in between 2018 – 2022 (serialization)

- Global Supply Chain - Upstream Suppliers

# GHSC-PSM GS1 Global Standards Requirements



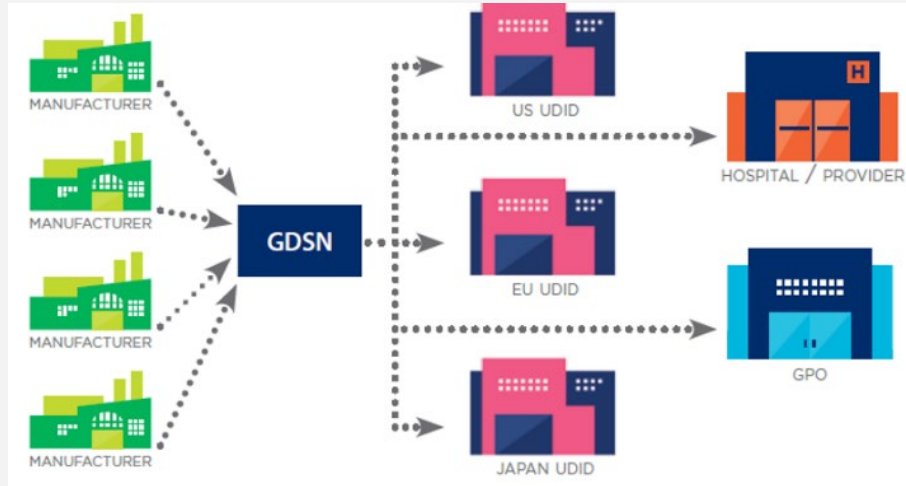
\*For more information on how to comply: [www.1worldsync.com/customer-page/ghsc-psm](http://www.1worldsync.com/customer-page/ghsc-psm)  
For more information on our requirements: <http://ghsupplychain.org/globalstandards>

**GTIN:** Global Trade Item Number    **GDSN:** Global Data Synchronization Network  
**GLN:** Global Location Number    **SSCC:** Serial Shipping Container Code

# The GDSN opportunity for global health

## GS1 Global Data Synchronisation Network™ (GDSN®)

EXAMPLE  
ONLY



Manufacturers are able to [provide data to all kinds of databases and all kinds of customers](#) (hospitals, distributors, wholesalers, GPOs) simultaneously, [with a single connection](#).



## Our global supply chain by the numbers

2546

items with **GTINs** submitted  
ready for GDSN

1855

items with **tertiary packaging** verified  
ready to be scanned

183

items **ahead of schedule** on packaging requirements  
momentum is building

59

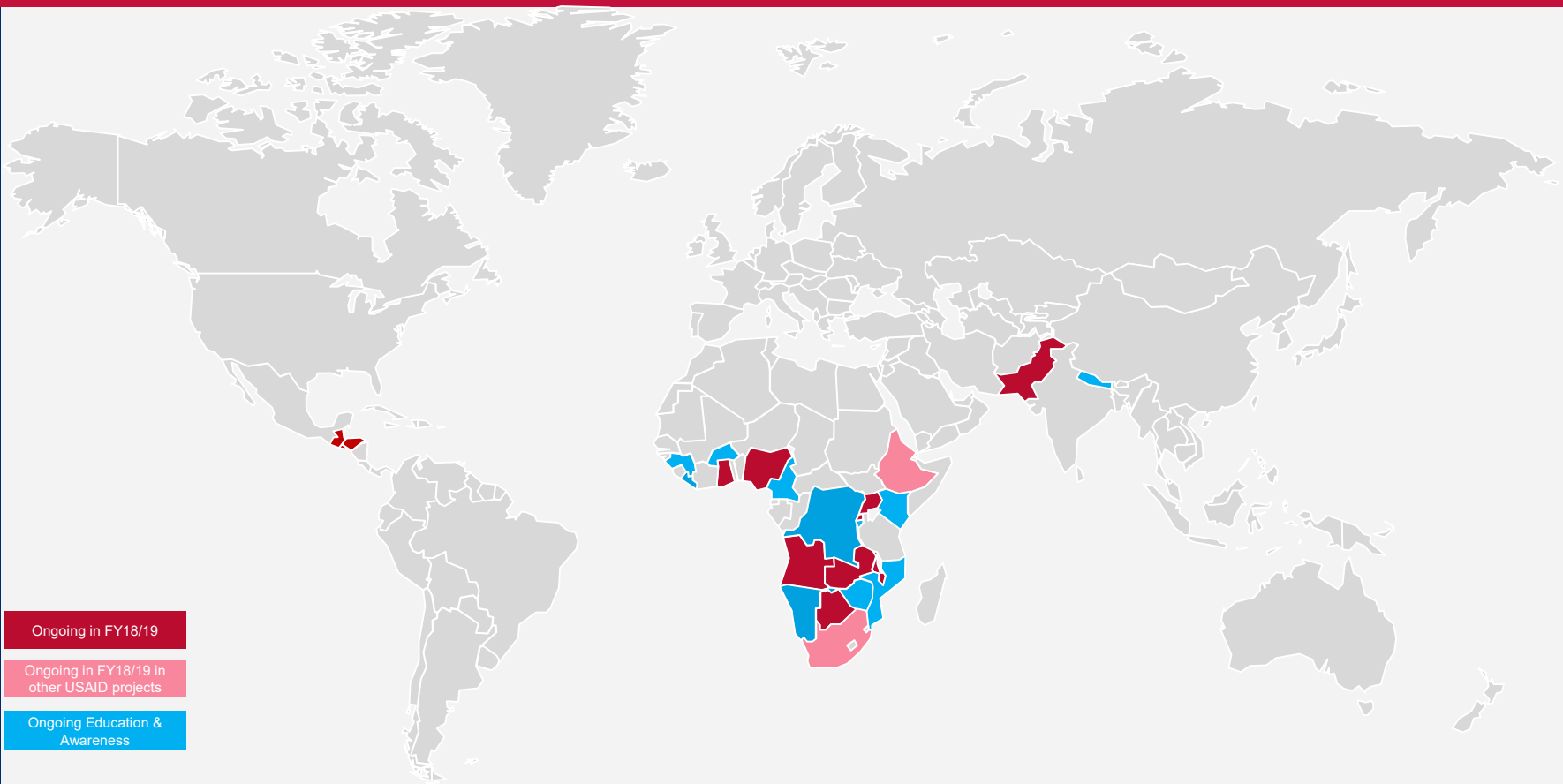
**suppliers** have provided GTINs & GLNS  
prepared for global commerce



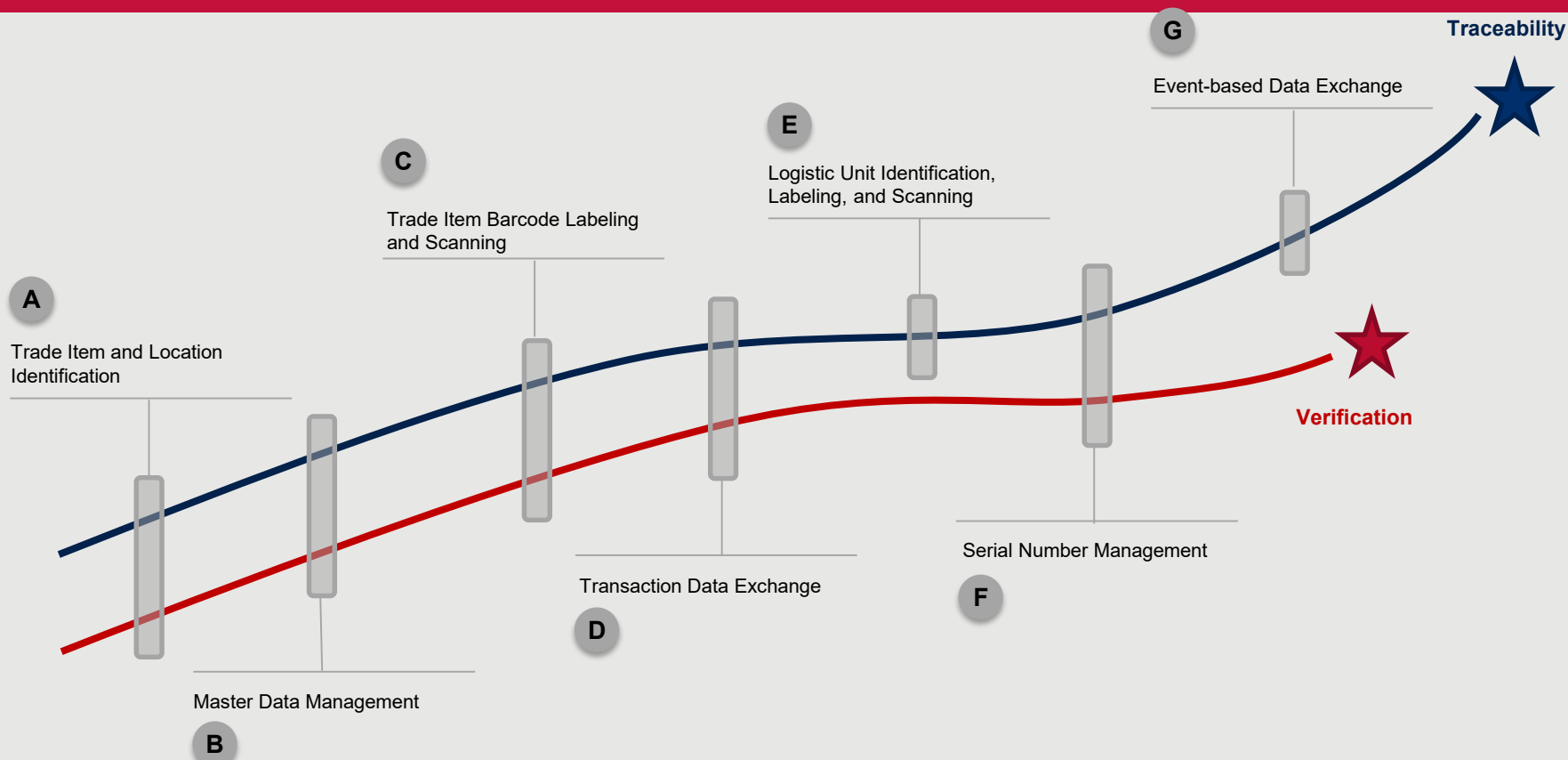
# — Country Traceability Roadmap



# Supporting GS1 + traceability TA



# Illustrative Implementation Roadmap



## — Next Steps

- Global level - continue advocacy for standards and strategize on serialization data
- Country level - start talking with each other and donors to start or push forward on your own roadmap
- We're here to help!

# THANK YOU

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*The contents in this presentation are those of the presenter and do not necessarily reflect the view of the U.S. President's Emergency Plan for AIDS Relief, the U.S. Agency for International Development or the U.S. Government.*



# Overview of GS1 standards in Healthcare: GTIN, GLN and GDSN



Pete Alvarez, GS1 Global Office



Pete Alvarez

Senior Director,  
Identification & Master  
Data, Healthcare

Forty years of industry experience in automatic identification and data capture, data synchronisation, data quality, and global standards. Responsible for working with the global healthcare industry on the adoption of GS1 identification and data standards which help improve medical outcomes, clinical decision making, supply chain efficiency and ultimately patient safety.



[Peter.Alvarez@gs1.org](mailto:Peter.Alvarez@gs1.org)

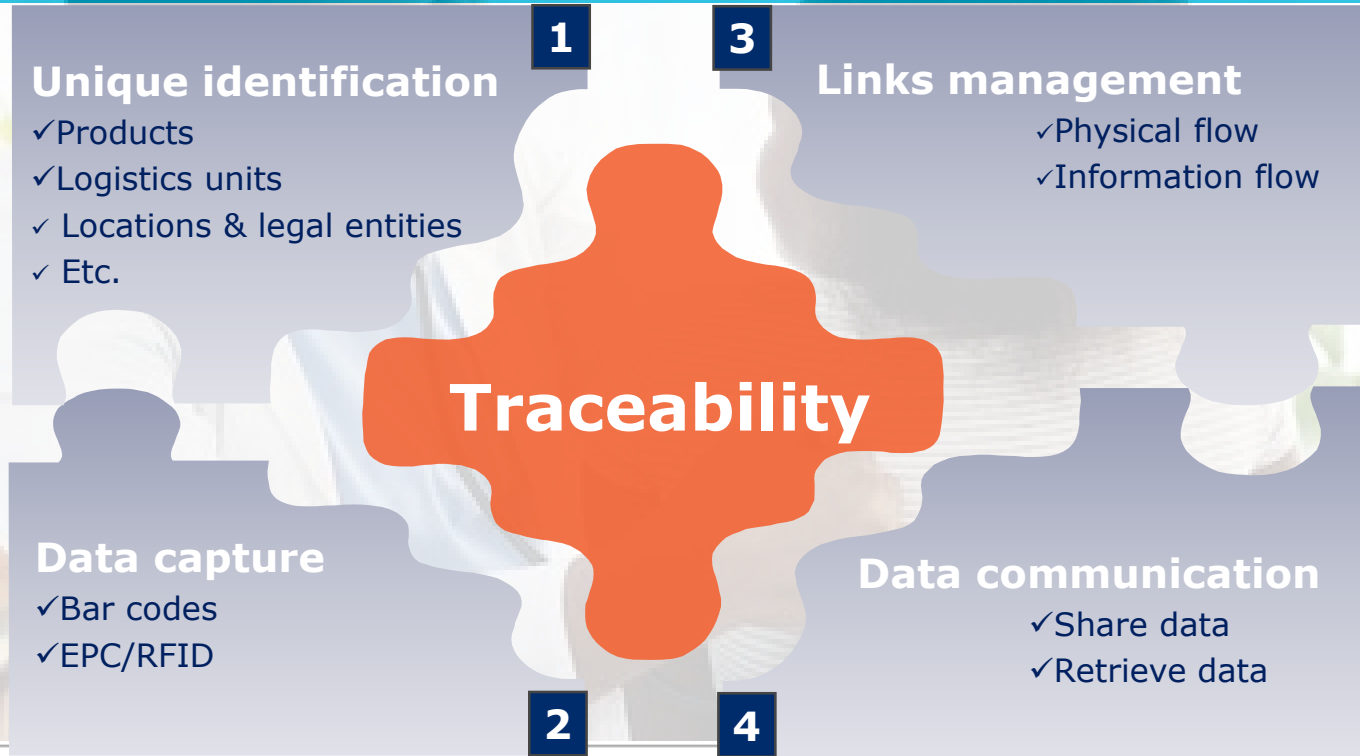


[@PeterAI69264025](https://twitter.com/PeterAI69264025)



[www.linkedin.com/in/petealvarez](https://www.linkedin.com/in/petealvarez)

# Building blocks for traceability







## Identify

### Globally unique identification keys

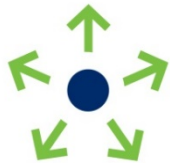
Companies, Products, Locations, Patients, Providers, Logistics, Assets, Documents, Services, Shipments, Consignments



## Capture

### Automatic data capture

Barcodes and EPC-enabled RFID



## Share

### Exchange of patient care & business critical information

Master Data, Transactional Data, Traceability & Event Data and Digital Content

# Product Identification

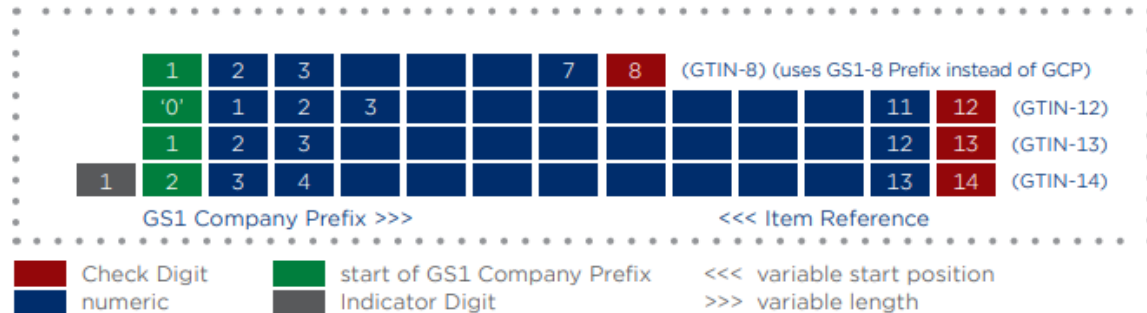
The Global Trade Item Number (GTIN)



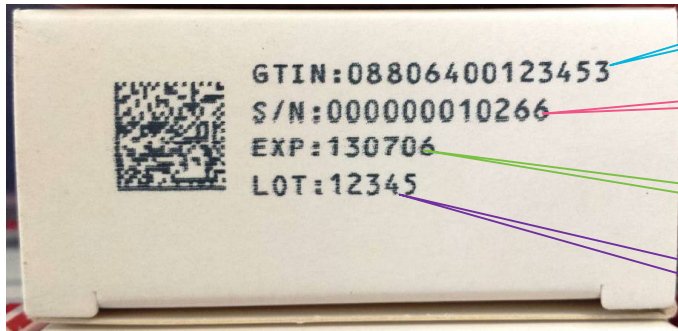
# GTIN – Global Trade Item Number



- The GTIN is used on any item upon which there is a need to retrieve pre-defined information and that may be priced, or ordered, or invoiced at any point in any supply chain.
- A Global Trade Item Number may use any of the four GTIN data structures (i.e. GTIN-8, GTIN-12, GTIN-13, or GTIN-14).



# Identify: pharmaceuticals



Product Identifier (GTIN)

Serial Number (S/N)

Expiry date (EXP)

Lot/Batch number (LOT)

**Data elements depend on the traceability or verification requirements.**

# Physical, Legal, Digital and Legal Entities Identification

The Global Location Number (GLN)



# The problem with location identification without standards



## 300 different names for the same supplier



Manufacturer	Manufacturer	Manufacturer
SOUTHLAND TECHNOLOGY 3M	3M 800-327-5380	3M C/O EC
3M CO PHOTO PRODUCTS DIV	3M CO	3M C/O FL
3M DIAGNOSTIC SYSTEMS INC	3M DENTAL 800-237-1650	3M C/O GC
3M ELECTRICAL SPECIALTIES DIV	3M ESPE DENTAL DIVISION 800-364-3577	3M C/O HC
3M HEALTH	3M ESPE UNITED STATES	3M C/O INI
3M HEALTH CARE CDI	3M ESPE	3M C/O JA
3M HEARING COMPONENTS	3M HEALTH CARE 800-521-2818	3M C/O LL
3M INDUSTRIAL TAPES LTD	3M HEALTHCARE PRODUCT	3M C/O NP
3M MEDICAL DEVICE DIV	3M HEALTHCARE	3M C/O NC
3M MEDICAL IMAGING SYSTEMS DIV	3M MEDSURGE	3M C/O Ov
3M MEDICAL PRODUCTS DIV	3M MINNESOTA MINING & MFG OFFICE	3M C/O RE
3M MEDICAL-SURGICAL DIV	3M MINNESOTA MINING & MFG CO.	3M C/O SA
3M MEDICAL/SURG	3M OCC. HEALTH AND ENV. SAFETY DIV	3M C/O SC
3M PHARMACEUTICS AND MEDICAL S	3M OCC. HEALTH AND ENV. SAFETY	3M C/O TH
3M-MEDICAL/SURGICAL	3M LAB/SCDI	3M C/O TH
3M/OCCUPATIONAL AND SAFETY DIV	3M SURGICAL	3M C/O TH
3M - MINNESOTA MINING & CO	3M UNITEK 800-430-4178	3M C/O TN
3M FEDERAL GOVERNMENT	3M UNITEK	3M C/O W.
3M FEDERAL SYSTEMS DEPARTMENT	THREME	3M C/O Ww
3M HEALTH CARE SYSTEMS	3M COMPANY C/O WAHL CORP.	3M COMMI
3M HEALTHCARE (MINIMUM ORDER)	MINNESOTA SCIENTIF	3M COMMI
3M HEALTHCARE(MINNESOTA MINING)	3M CORPORATE ALLIANCE 3M CUSTOMER SERV	3M COMP/
3M MEDICAL - CREDIT CARD	3 M HEALTHCARE	3M COMP/
3M MEDICAL PRODUCTS	3 M UNITEK CORP	3M COMP/
3M OCC. HEALTH AND ENV. SAFETY DIVISION	3-M	3M COMP/
3M OCCUPATIONAL AND SAFETY DIV	3-M COMPANY	3M COMP/
3M SAFETY DIVISION	3-M COMPANY-C/O O	3M COMP/
3M-DENTAL PRODUCTS DIVISION	3-M COMPANY-C/O OEM PRODUCTS	3M CONST
3M-HEALTH CARE	3-M PHARMACEUTICALS	3M CONSI
3M DENTAL PRODUCTS DIV.	33M HEALTHCARE	3M CORP/
3M UNITEK CORPORATION	3M	3M DENT#
3M UNITEK DENTAL PRODUCTS	3M PUERTO RICO	3M DENT#
3M BIOLOGICAL	3M SPECIALITY CHEMICAL	3M DEUTS
3M ESPE DENTAL PRODUCTS	3M % SAN-MAR	3M HEALT
3M HEALTH CARE (MED/SURG PRODS)	3M (CRJ7242)	3M HEALT
3M C/O CHECKPOINT METO	3M - MINNESOTA MI	3M HEALT
	3M - MINNESOTA MINING & MFG CO	3M HEALT

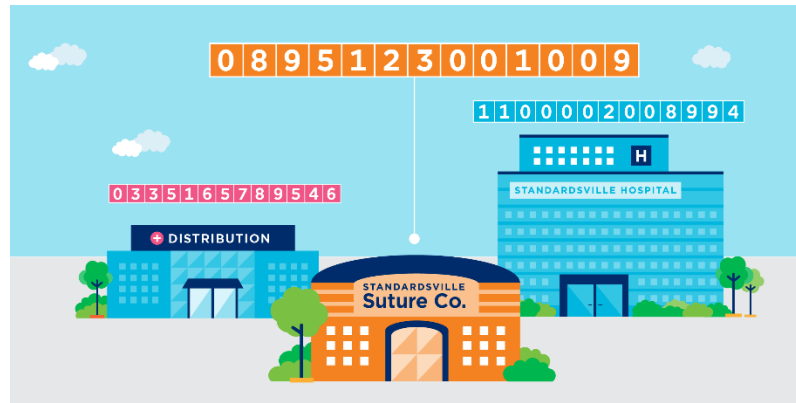
Source: Major U.S. Group Purchasing Organisation

# Unique location identification with GS1



## The Global Location Number (GLN)

- A globally unique, 13-digit number
- Can be used to identify the physical and digital locations of parties, such as:
  - Legal entities within a company
  - Real, physical “places” that might ship, receive, process, or hold inventories.

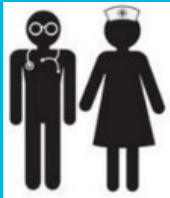


# GLN example: Hospital



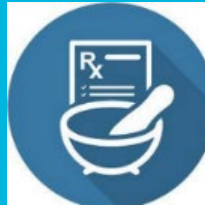
*Headquarters*

GLN: 001234500010



*Nursing*

GLN: 001234500065



*Pharmacy*

GLN: 001234500072



*Operating Theater*

GLN: 001234500058



# GLN and Traceability



- GLNs are used to answer  
WHERE did this occur? / WHERE are the objects thereafter?
  - *Read point (GLN) and business location (GLN)*
- *Why did the event take place?*
  - *Source (GLN) Destination (GLN)*



# Master Data

The Global Data Synchronisation Network (GDSN)



# The Master Data problem

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- Missing data
- Incomplete data
- Incorrect data
- Wrong data

# The challenge – for regulators



- U.S. Department of Defence\* discovered that:
  - product catalogues had problems matching the correct manufacturer name for **30%** of the medical devices and **20-25%** lack the product brand name.
  - the part number '8630' in the product catalogue of a leading GPO was linked to **9 different numbers** from different distributors
- In the US from 2005 through 2009, firms initiated **3,510** medical device recalls, an average of just over **700** per year.

Regulators need to be able to ensure highest levels of market surveillance, to efficiently manage adverse event reports and to quickly recall devices, not only in their country but also across borders.

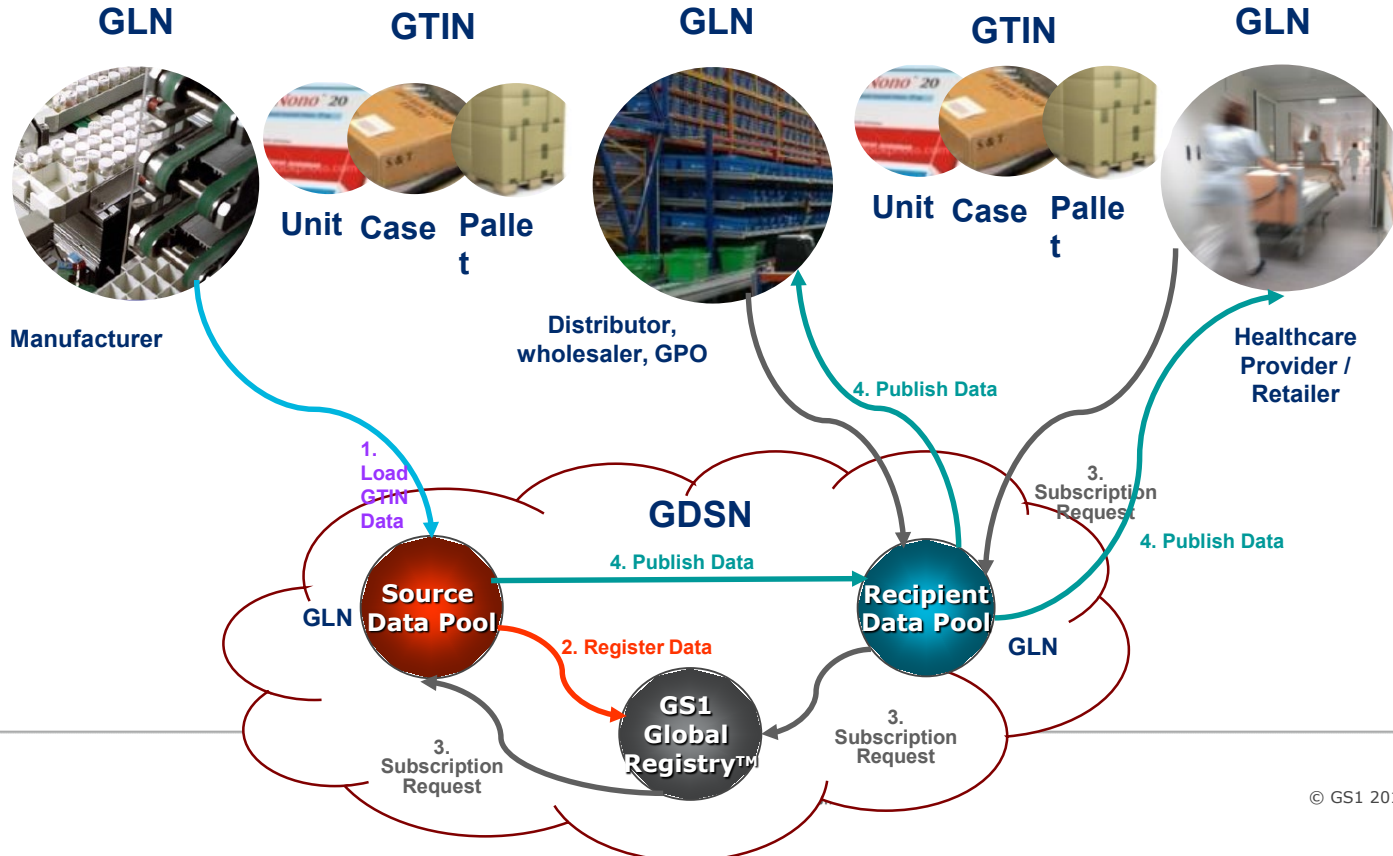
# Share: Define the data requirements



## Challenges for manufacturers

- Where do we start?
- What are customers looking for?
- What data do I have and what do I need to start collecting it?
- Are we in compliance?
- How do we define success?

# GDSN in action

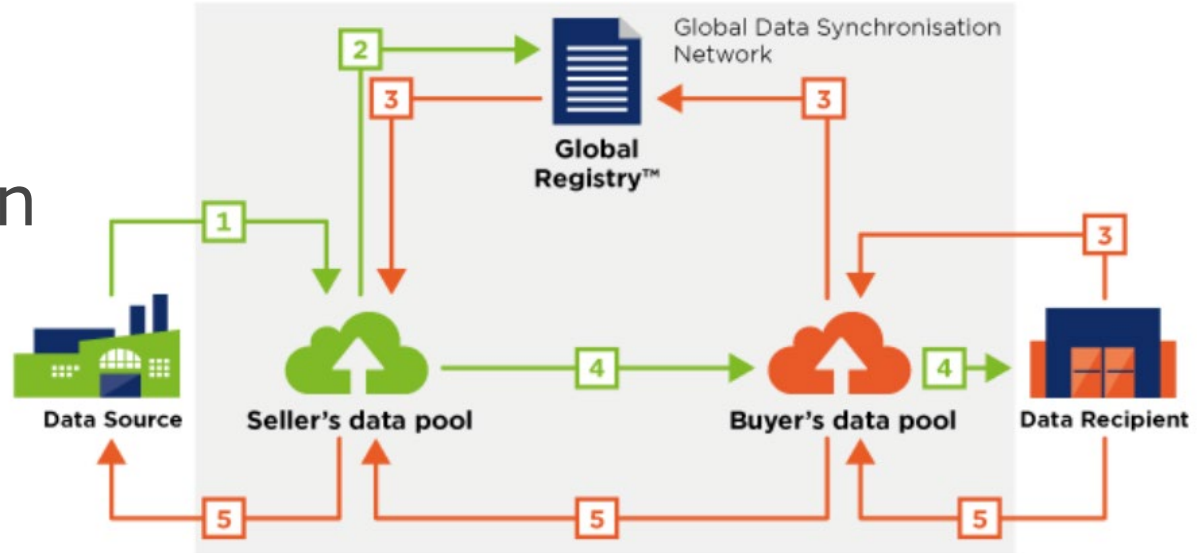


# Sharing master data



## Global Data Synchronisation Network:

A one to many connection



1. Loading of company data
2. Registering of company data
3. Subscription to seller's data pool
4. Publishing of company data
5. Confirmation of receipt of company data



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# Australia's journey to accurate and consistent master data in healthcare

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Tania Snioch, Director Healthcare, GS1 Global Office





Tania Snioch

Director  
Healthcare

Responsible for overall GS1 Healthcare operations, special projects and GS1 Member Organisation (MO) support.

Have assisted the Australian Healthcare industry to implement GS1 standards through a range of state, territory and federal initiatives. Have an Honors degree in Biomedical Science from Monash University in Melbourne.

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# How and why did we start our master data journey...



- In December 2004, Deloitte delivered to the governments the *Recommendations for National IM&ICT Enablers in the Health Sector Supply Chain* report
- This report stated: “Full implementation of the NPC will save the public healthcare sector at least \$AUD200 million per annum by ensuring accurate, valid and up-to-date product data, and improved communications and supply chain operations”<sup>1</sup>
- In 2005 the The National E-Health Transition Authority (NEHTA), a company established by the Australian, State and Territory governments, was formed.
- A work plan was agreed...

# What was NEHTA's role?



- NEHTA was tasked to 'develop the standards and provide and manage the development of infrastructure, software and systems required to support connectivity and interoperability of electronic health information systems across Australia' and it has achieved that
- This includes development and implementation of the key building blocks for a national eHealth system including standards and specifications; identity management; security and authentication; disease and medicines terminology; secure messaging; clinical safety assessment; conformance and compliance management; and procurement and supply chain solutions.

# Supply chain reform was needed because...



1. Lack of standardised product identification
2. Lack of standardised location identification
3. Multiple product data catalogues being maintained per hospital, per hospital network and per state

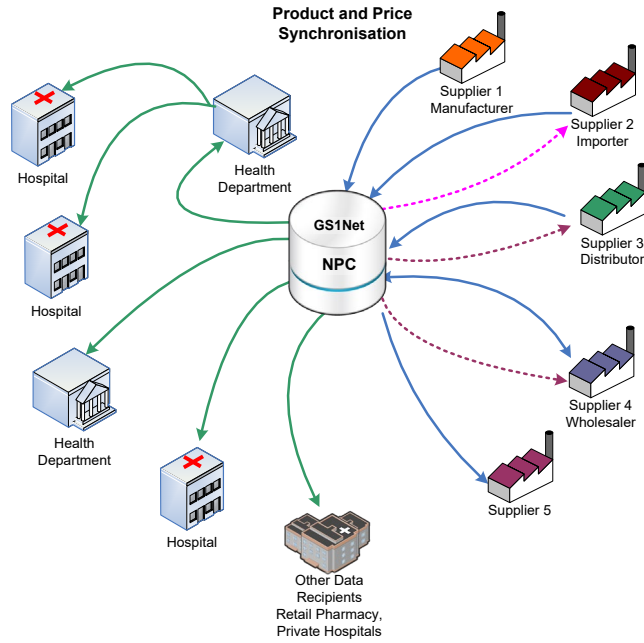
Poor supply chain costs the health system money:

- Wrong product ordered/delivered
- Wrong quantity/poor forecasting and inventory management

Automating processes enables supplier and buyer organisations to:

- Reduce redundant purchasing tasks
- Improve inefficient work practices
- Achieve greater accuracy in procurement and tendering

# The National Product Catalogue



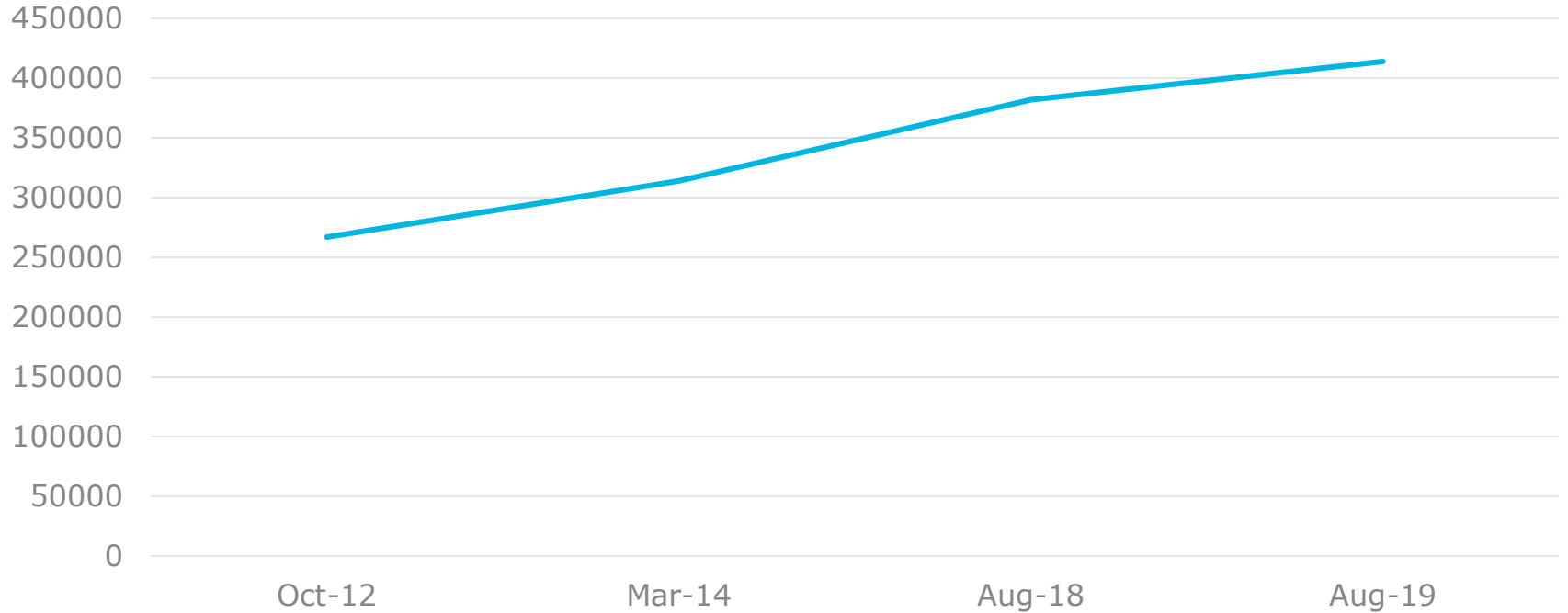
- The National Product Catalogue (NPC) is a way for suppliers to provide standardised and accurate product and price data electronically to the Australian health departments and private hospital providers.
- The NPC provides suppliers with a single mechanism to communicate structured catalogue data to many health customers – and the health customers a single way to access this data from multiple suppliers.
- The NPC enables synchronisation of product and pricing data for accuracy in electronic procurement.

# Key Data on The National Product Catalogue



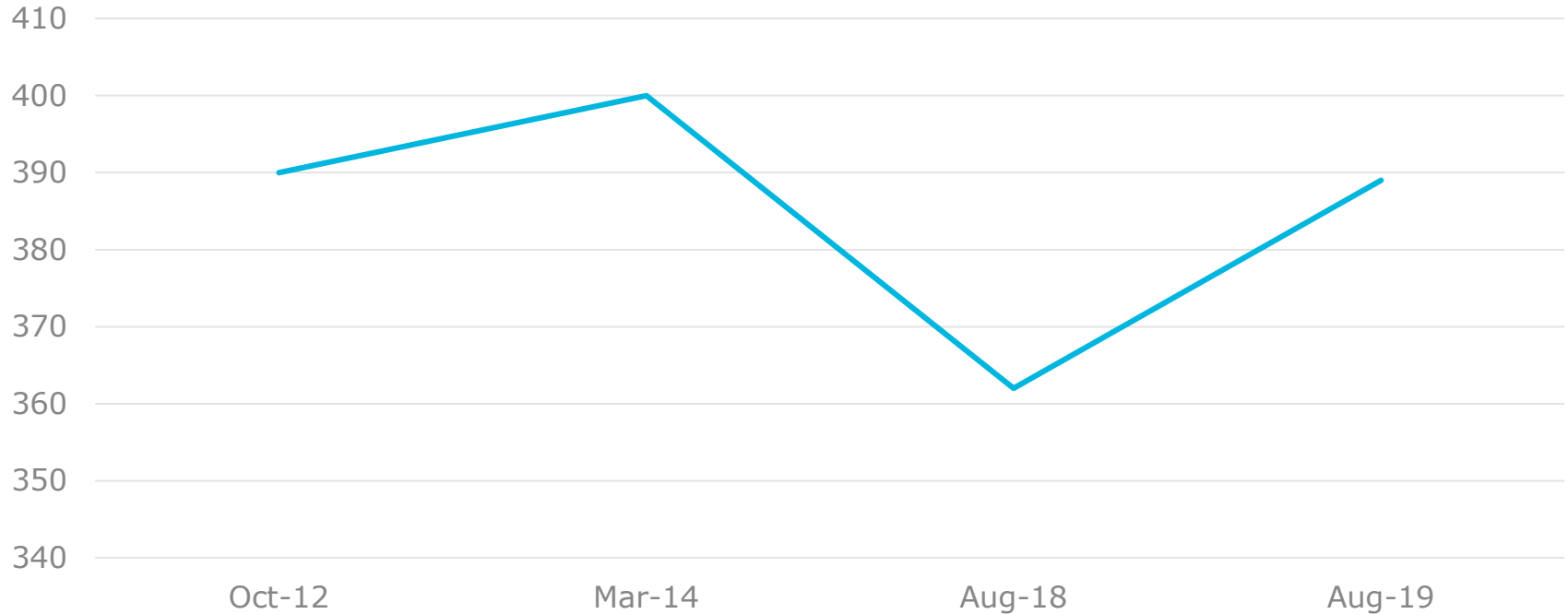
# Progress over time... GTIN records

## October 2012 – August 2019



# Progress over time... Suppliers of data

## October 2012 – August 2019





# Quality data is key



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16 August 2019

## Suppliers improve health service data

HPV acknowledges the efforts of top performing suppliers who have been working hard to deliver high quality data in the National Product Catalogue (NPC), a key source of product information for Victorian health services and the new Common Catalogue.



Source: <https://www.hpv.org.au/news-centre/2019-news/suppliers-improve-health-service-data/>

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# Some recommendations from my experience



- Communicate WHY a national product catalogue is important for your organisation– not just for supply chain but to enable patient safety
- Align with globally harmonised standards and the global trend towards these
- Ask for what is needed, not ‘what would be nice to have’
- Don’t work in isolation – partnership and collaboration will lead to better outcomes
- Be clear about expectations from the start and keep these consistent
- Educate, communicate and celebrate success
- Work with those organisations who are having challenges – there is always a solution
- Cater for small and large organisations – both suppliers (providing data) and hospitals (receiving data)

# Safer, more efficient care starts with a simple scan...



But when you scan a barcode, you need to be sure this accesses a database that contains accurate, complete and timely information

And THAT is what a National Product Catalogue can help facilitate!





Stewart Stremel

Enterprise Architect

Stewart's background is in Anthropology and Archeology with a Master's in Systems Theory and Leadership. His interests are in understanding how technology and culture interact and how to create the conditions that allow organizations to bring about positive change. He has the good fortune to have been a software developer, white-hat hacker, infrastructure architect and a enterprise architect and has more than 20 years of experience specializing in designing, analyzing, scaling and supporting enterprise-wide Solutions. This rich and varied background lends perspective to his work for both the technical components and there impacts on people.



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## For More Information

Julia White, Director GFPVAN:  
[jwhite@rhsupplies.org](mailto:jwhite@rhsupplies.org)

RHSC Global FP VAN website:  
<https://www.rhsupplies.org/gfpvan>

**Global FP**  
**VAN**

Global Family Planning  
Visibility & Analytics Network





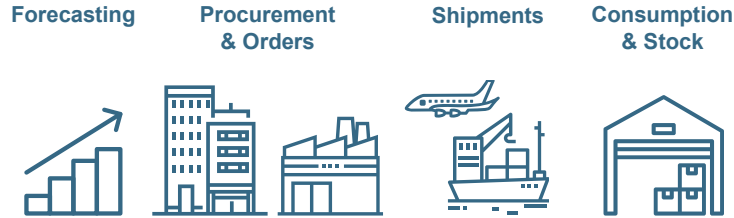
**WHAT WE DO**

# #ITSABOUTSUPPLIES

The Reproductive Health Supplies Coalition is the world's largest network of reproductive health (RH) supplies organizations. Formed in 2004, it is a partnership of 470 public entities, private corporations, and NGOs working so that everyone in low- and middle-income countries (LMICs) can access and use affordable, high-quality RH supplies.

# Coordinated Supply Chain Evolution

## Current State



RH Interchange

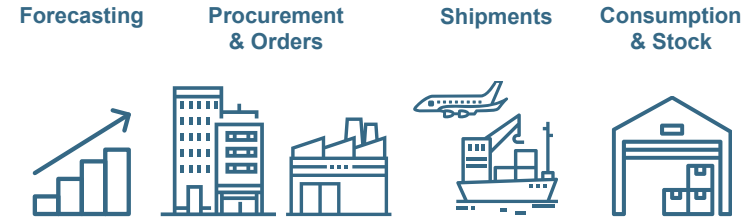
CARhs work stream

PPMR

FP Mkt  
Report

CSP work stream and CSP Tool

## VAN Future State



Global FP  
**VAN**  
Global Family Planning  
Visibility & Analytics Network



**Steering Committee**

BILL & MELINDA GATES foundation

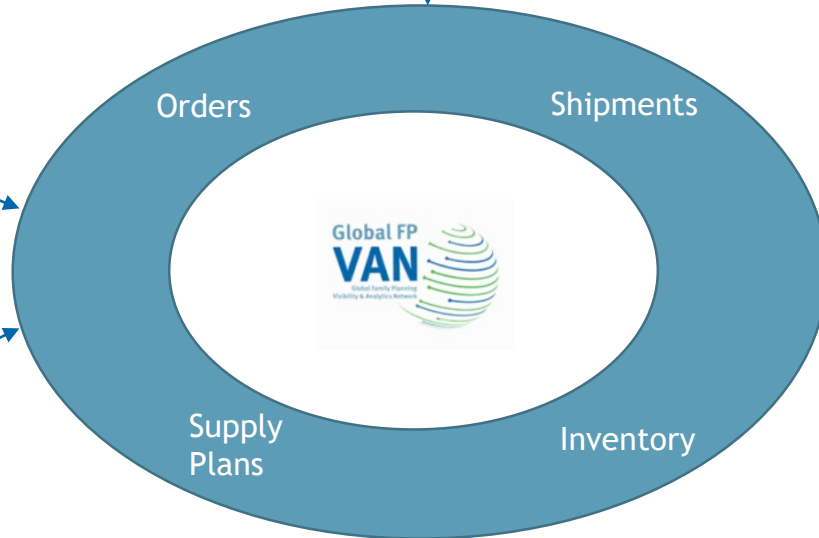


DFID Department for International Development



4 out of 17  
Mylan  
Dahua

7 out of 9  
Combined Orals  
Emergency Orals  
Progesterone Only  
Injectables  
Implants  
Intrauterine Devices  
Standard Day Method

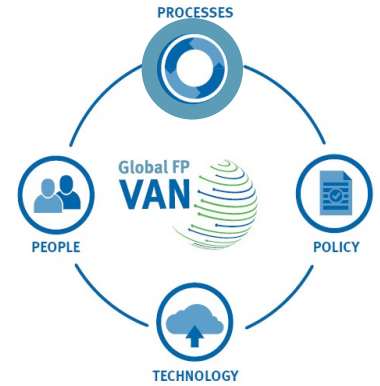


Countries MoHs  
2 PoC countries  
Data for 107 countries

SMOs & NGOs



# GFPVAN and GS1



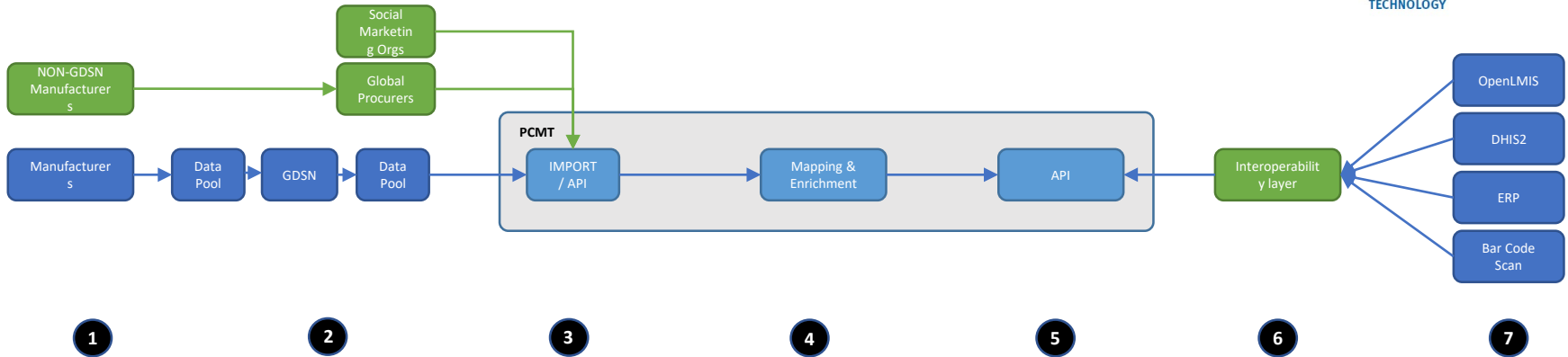
# Malawi

- Primary Value Drivers
  - Data visibility on FP product orders/shipments from the manufacturer until it arrives in Malawi. Helps to plan in advance for storage and distribution plan.
  - Able to respond to queries or raise a flag where necessary
  - Able to share shipment updates of FP products with MOH and other stakeholders including development partners
  - If we see a delay in a shipment reported in GFPVAN, we can use that information to inform redistribution to stocked out facilities
  - Can request reschedule of shipment delivery
  - Observe supply availability
- Future Expectations
  - The expectation in future is to have an integration of Open LMIS and GFPVAN. The two systems should always speak the same language on available data of Family Planning products in Malawi.

# Nigeria

- Primary Value Drivers
  - Direct visibility into donor orders/shipments (no phone calls/emails required!)
  - Communication mechanism for donors (implants)
  - Has created the ability to have more informed conversations with partners in-country regarding needs (can reference PO#'s)
  - Most valuable module = order management

# PCMT - building a platform for success







The Global Language of Business

## Panel: Harmonised traceability requirements using global standards

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# Harmonised traceability requirements using global standards

- *Moderator:* Tom Woods, The World Bank  
Chairman of the Global Steering Committee for Quality Assurance
- Kaitlyn Roche, USAID Global Health Supply Chain Program  
Manager for Global Standards & Traceability
- Tobey Busch, USAID  
Senior Pharmaceutical Management Advisor
- Philippe François, The Global Fund  
Head of sourcing and Supply Chain
- François-Xavier Lery, WHO  
Coordinator for Technologies, Standards and Norms





The Global Language of Business

# Scanning to ensure patient safety

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*Cara Charles-Barks, MBE, CEO, Salisbury NHS Foundation Trust, UK*



# Implementing GS1 Standards in the NHS

**GS1 Conference**  
**Lagos, Nigeria**  
**September 2019**



## Cara Charles-Barks

Chief Executive  
NHS Foundation Trust

Cara Charles-Barks is the Chief Executive Officer of Salisbury NHS Foundation Trust, and has a wide range of clinical and management experience in the healthcare industry. She has completed both a Masters of Nursing and Masters of Business Administration.

Born and raised in Australia, she began her career in healthcare by qualifying as a registered nurse in 1991.

From there she worked in London for three years, before returning to Australia where she rose through the ranks: first becoming a nurse consultant, then clinical practice manager and finally Nursing Director of The Queen Elizabeth Hospital in Adelaide.

Cara moved back to the UK in 2008, taking the role of Deputy Chief Operating Officer in Peterborough. Prior to coming to Salisbury, she was Deputy Chief Executive Officer and Chief Operating Officer at Hinchingsbrooke Health Care NHS Trust.

# You may have heard of Salisbury Hospital...



# Salisbury Hospital



# Our services

## District General Hospital Services

- Emergency Department
- Surgery
- Maternity
- Children's Services
- Orthopaedics
- Medicine
- Diagnostics
- Facilities

## Regional Specialist Services

- Burns
- Cleft lip and Palate
- Genetics
- Plastic Surgery
- Laser Centre
- Wessex Rehabilitation

## Supra-Regional Services

- Spinal Injury Services





# World Patient Safety Day 17 September 2019

# Scan4Safety Programme



## Right Patient

Setting standards to make sure we always have the right patient and know **what** product was used with **which** patient, **when**.



## Right Product

Setting standards to make sure our staff have **what** they need, **when** they need it.



## Right Place

Setting standards to make sure that patients and products are in the right place.



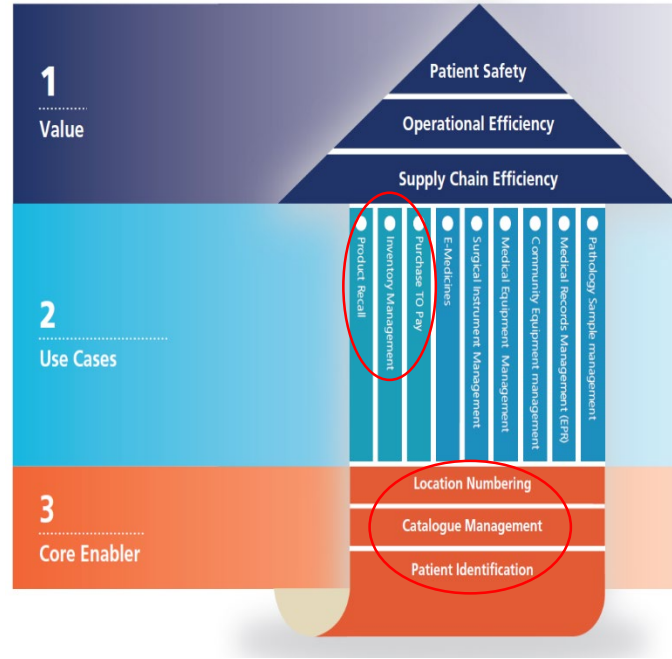
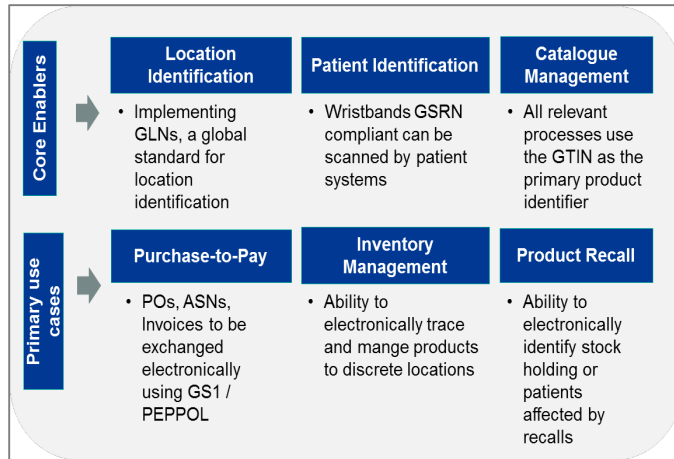
## Right Process

Setting standards and implementing common ways of working to deliver better and more easily repeatable patient care.

One of six Trusts in UK to successfully complete pioneering Scan4Safety programme.

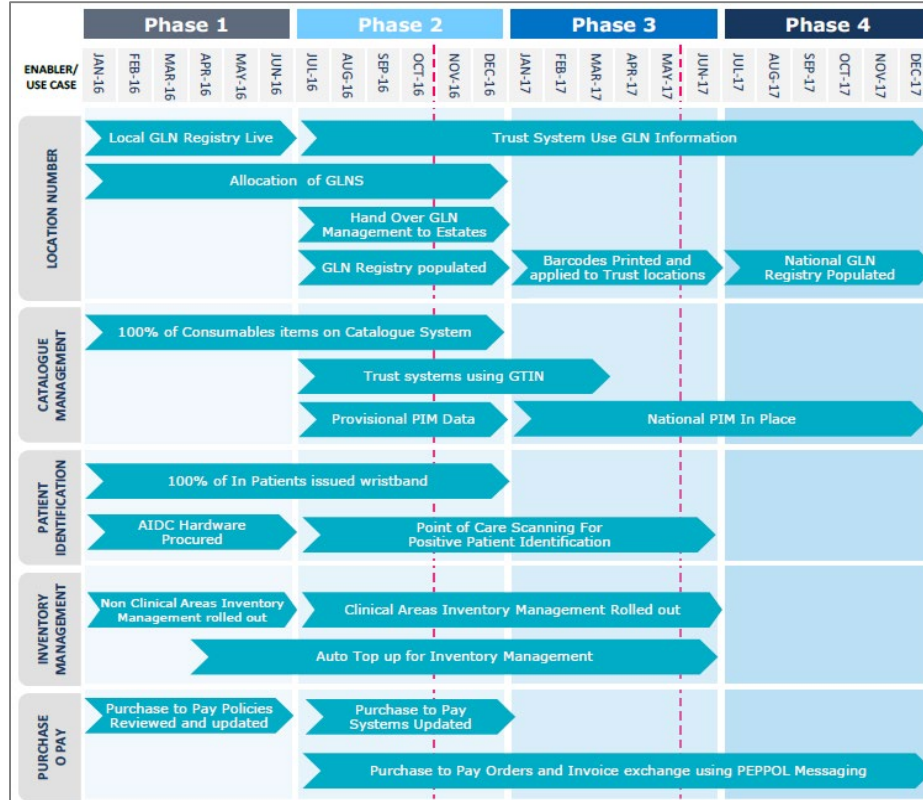


# Steps followed

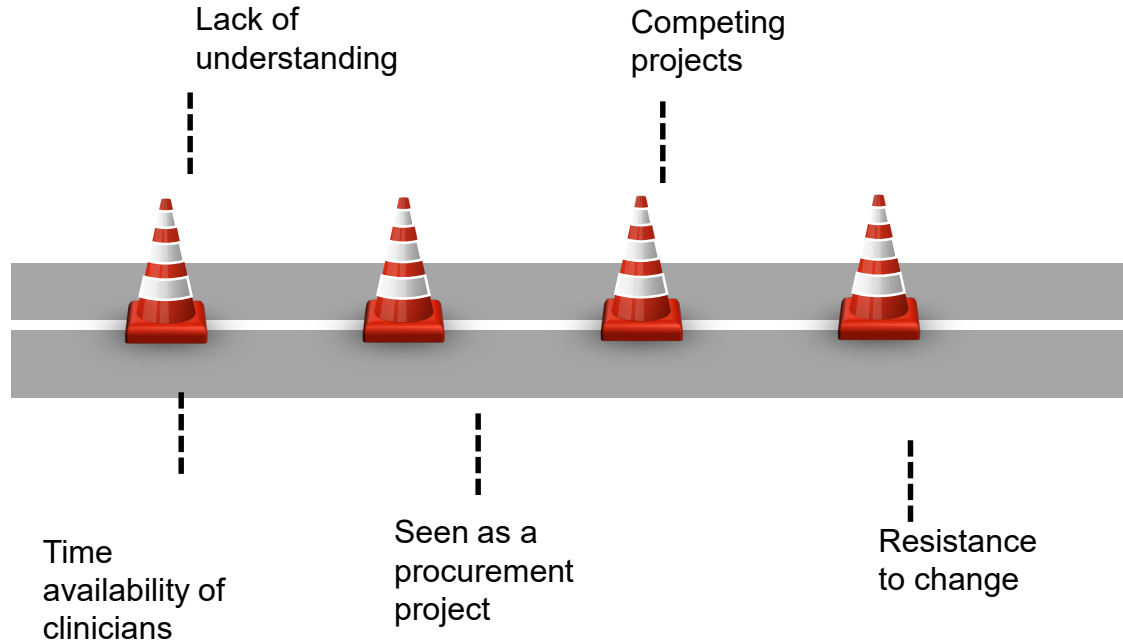




# Timeline



# Barriers to engagement



# Questions?



# Be sure to complete each feedback form!



For every feedback form completed, we will donate 5USD to the chosen conference charity **"The North East Children Trust"**

<https://healthcare-nigeria.gs1.org/>

# Need any help? Contact us!



Look for the turquoise scarves and ties - we are happy to help you!



# Thank you

