



# Sierra Leone Supply Chain Newsletter

2025 year in review



## A MESSAGE FROM SUPPLY CHAIN LEADERSHIP: REFLECTING ON 2025

Dear colleagues, stakeholders and partners,

As we enter 2026, we reflect on a year that tested the resilience of Sierra Leone’s health supply chain. In 2025, funding uncertainties, technical transitions, and operational disruptions placed sustained pressure on our systems. Despite these challenges, essential medicines continued to reach health facilities nationwide. Through close collaboration between the Directorate of Pharmaceutical Services (DPS), the National Medical Supplies Agency (NMSA), and our development partners—including the Global Fund, World Bank, UNFPA and USAID—we maintained nationwide distribution schedules, strengthened system governance, and advanced the digital transformation of logistics management.



**Dr Moses Batema**

Director of Pharmaceutical Services, Ministry of Health



**Pharm. Jatu Abdulai**

Managing Director,, National Medical Supplies Agency

## 2025 BY THE NUMBERS

**16**

Districts reached by every scheduled quarterly distribution of essential drugs.

**108,895**

Total digital transactions recorded by PHUs in Pujehun District.

**3,619**

Digital requisitions successfully placed by through mSupply Mobile.

**95%**

The recovery rate of digital system usage in PHUs in Pujehun once technical support was restored.



**NMSA**  
NATIONAL MEDICAL SUPPLIES AGENCY



## 2025 YEAR IN REVIEW: ACHIEVEMENTS AND MILESTONES

### Quantification and allocation of Free Health Care (FHC) commodities

- Completed the comprehensive quantification of FHC commodities for both 2025 and 2026 in May 2025.
- Successfully finalized Q1–Q2 allocations in March and Q3–Q4 allocations in September.

### Strengthening the Logistics Management Information System (LMIS)

- Initiated the year with an LMIS follow-up exercise in February to identify adoption gaps, followed by targeted District-to-PHU mentoring and coaching visits in March.
- Held a quarterly data-review meeting in April, which produced data-quality improvement plans that guided recovery efforts.
- Completed a virtual review of paper-based LMIS tools in July and a stakeholder validation of those tools in August 2025.

### Procurement and governance milestones

- **National Donation Guidelines:** The Ministry of Health, through the DPS and with Global Fund support, issued the revised National Guidelines for the Donation of Medicines and Medical Devices (2025), replacing the 2004 framework to ensure all donations are quality-assured and aligned with national priorities.
- **Service delivery:** Revised the IMNCI protocols in September 2025 to incorporate a life-stage approach.
- **Cost-recovery:** Conducted the bid opening in September for consultancy services to manage the distribution of cost-recovery drugs and medical supplies.
- **Hospital governance:** Held the inaugural meeting of the National Hospital Technical Working Group in October 2025.

## YEAR IN REVIEW: DISTRIBUTION AND LOGISTICS ACHIEVEMENTS

- **Integrated commodities:** Malaria, TB, and HIV commodities were delivered on schedule each quarter (Q1–Q4) via First Mile distribution points.
- **FHC essential drugs:** Successfully executed two major distribution cycles in 2025, reaching all 16 districts.
  - **Q1–Q2 batch: Delivered in April 2025.**
  - **Q3–Q4 batch: Delivered in October 2025.**
- **Infrastructure:** Procured and deployed essential warehouse handling equipment and tools with support from the Global Fund through UNICEF.



## Targeted and partner-supported dispatches

- **Bed nets:** Successfully conducted four distribution rounds in February, June, August, and December 2025.
- **EmONC kits:** Delivered maternal and newborn health equipment in April 2025, with support from UNFPA.
- **Ad-hoc commodities:** Coordinated emergency essential deliveries in August 2025, supported by Child Fund.
- **December year-end push:** Concluded the 2025 operational calendar with a massive final dispatch of Integrated Q4 drugs, the final round of bed nets, and a comprehensive delivery of sexual reproductive health commodities.



## YEAR IN REVIEW: SUPPLY CHAIN DIGITALISATION ACHIEVEMENTS

- **System resilience:** Successfully maintained mSupply operations during the Feb–Apr support gap; PHUs demonstrated a 95% recovery rate in digital activity within 30 days of support restoration.
- **Open mSupply transition:** In partnership with UNFPA, mSupply Foundation and Project Last Mile, completed a national Train-the-Trainers (ToT) program, establishing a local expert cadre for the 2026 migration.
- **EPI integration:** Following a technical solution comparison, mSupply was designated the preferred tool for immunization logistics, with a phased adoption roadmap now designed to guide future integration.
- **Interoperability:** Initiated the technical link between mSupply inventory data and DHIS2 service data to enable integrated, data-driven decision-making.
- **Stakeholder alignment:** Strengthened strategic engagement with the Global Fund, World Bank, UNFPA, and USAID/Chemonics to ensure the long-term sustainability and scale-up of digital tools.
- **Central eLMIS hub:** Established the design of a Central eLMIS Implementation Hub to coordinate national support and analytics beginning in 2026



### Did You Know?

**Resilience of PHUs:** Even after 90 days without technical support or data top-ups in 2025, PHU staff returned to 95% of their normal digital activity within just 30 days of support being restored.

**The Logistics Gap:** While PHUs placed over 3,666 digital requisitions last year, hospitals still rely heavily on manual processes, averaging fewer than 3 digital requisitions per month—a key focus for 2026.

## LOOKING AHEAD TO 2026

Throughout 2025, we maintained a rigorous distribution schedule to ensure no facility was left behind. Our First Mile distribution points remained active each quarter, with Last Mile Delivery successfully executed in all 16 districts in collaboration with our partners.

As we enter 2026, the Ministry will pursue progress across four strategic priority areas:

- **System migration and scale-up:** Complete the migration of all current mSupply sites and historical data to Open mSupply—the latest and most robust version of our eLMIS—and expand digital coverage to additional districts and hospitals.
- **eLMIS Operational Hub:** Transition the central eLMIS Implementation Hub from the design phase to full operationalization by staffing the core team and launching national support services to drive consistent system use and data quality.
- **Data use and performance management:** Strengthen data-driven decision-making by upgrading the existing mSupply dashboard to provide central and district teams with near real-time performance review capabilities.
- **End-to-end digital workflows:** Transition remaining paper-based and manual replenishment processes into the digital system, with the aim of fully digitizing ordering and distribution workflows between Central Medical Stores, District Medical Stores, and hospitals.



## Acknowledgements

We extend our sincere gratitude to every frontline health worker, pharmacist, and district logistics and information officer whose tireless efforts kept medicines moving throughout 2025. The progress achieved in 2025 was made possible through the unwavering commitment of DPS and NMSA teams. We extend our sincere gratitude to our development and implementing partners whose technical and financial support remains the cornerstone of our health system. We also thank our district pharmacists, warehouse staff, and facility-level health workers whose dedication ensures that medicines reach the people of Sierra Leone every day.

## Contact

For more information, please contact the Directorate of Pharmaceutical Services (DPS) or the National Medical Supplies Agency (NMSA).

# CASE STUDY: SYSTEM RESILIENCE AND ADOPTION GAPS

(2025)



## Context

Between February and April 2025, PHUs in Pujehun District and hospitals using the mSupply Mobile app experienced a total suspension of external technical and financial support following the US Government Stop Work Order.

## System usage

PHUs experienced a 100% cessation of digital reporting (0 syncs) for 90 days. In contrast, Hospitals maintained a partial average of 16 sync days per hospital during the same period, indicating a greater ability to maintain local system uptime during support gaps.

## Dispensary

Following the restoration of support in May, PHU transaction volume reached a total of 107,282, returning to 95% of the January baseline. This suggests there was no loss of skill among health staff; as soon as connectivity returned, data flowed immediately. Conversely, hospital transactions totaled 78,516, with a surge to 59,455 in the recovery period. This volume can be largely attributed to the heavy administrative burden of processing accumulated paper prescription backlogs.

## Requisitions

PHUs demonstrated a 38% increase in digital requisition activity post-May (averaging 369 monthly vs. 268 baseline). However, hospital requisitioning remained low and relatively flat, averaging only 44 orders per hospital monthly. This disparity suggests that while PHUs in Pujehun have fully digitized their supply chain, manual paper-based processes remain the predominant method for hospital logistics.

## Conclusion

The data confirms that while the health supply chain digital infrastructure is resilient, consistent technical support remains the critical on-switch for the PHU network. Furthermore, while certain hospitals have demonstrably made a good effort to catch up on clinical backlogs, there is a clear need to transition hospital logistics from manual silos into the digital supply chain to match the adoption levels seen in PHUs.

Metric	PHUs	Hospital network
<b>Average Monthly Syncs (System Usage)</b>		
Jan Baseline	24	19
Gap Period (Feb-Apr)	0 (Total Blackout)	16 (Partial Disruption)
Recovery (May-Dec)	16	18
<b>Total Dispensary Transactions</b>		
Jan Baseline	14,220	325
Gap Period (Feb-Apr)	0	18,736
Recovery (May-Dec)	107,282	59,455
<b>Total Requisitions Placed</b>		
Jan Baseline	268	37
Gap Period (Feb-Apr)	441	109
Recovery (May-Dec)	2957	357

### Average Monthly Syncs PHU Cadre (Jan-Dec 2025)

