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- Cover photo: Mother Nasra Ally and her child are waiting outside a clinic in the Northern Zonal Area of Tanzania’s Dar es Salaam district as a truck offloads medicine directly to the clinic. (Photo credit: The Coca-Cola Company)

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FOREWARD

Over the past five years, Project Last Mile (PLM) has emerged as a clear example of how the private and public sectors can join forces to transform health systems, with implications for future attempts to reach across sectors and industries to promote health and save lives.

This partnership is unique in its attempt to tap into Coca-Cola’s core business expertise and experiences. The Coca-Cola Company did not just write a check. Instead they have unleashed their vast global network, leveraging skills and experience from the highest corporate offices to local distributors around the world. This effort takes corporate social responsibility efforts to a whole new level.

At Yale, we have had the opportunity to systematically watch PLM unfold, distilling lessons learned in an attempt to accelerate PLM and other innovative attempts to cross public-private boundaries. This report is designed to reflect on what works, what doesn’t and, ultimately, how to keep improving.

Implementation in Tanzania and Ghana has shown that it is possible to translate Coca-Cola expertise into improved availability of medicines. Several factors led to this success: a flexible approach to project design and implementation; champions within each partner organization; investment in implementation capacity and close interactions between local Coca-Cola bottlers and public health staff. These continue to prove valuable elements as PLM expands to other countries in Africa.

Building on the successes in Tanzania and Ghana, the PLM team continues to identify and cultivate opportunities for impact in additional countries. Work is already underway in Mozambique to improve distribution network design and logistics management at the Central de Medicamentos e Artigos Médicos (CMAM). Going forward, GHLI will continue to serve as an academic partner, shifting from process to impact evaluation as partners work together to quantify the improvements that PLM is catalyzing across country settings.

We are excited to support PLM as it expands to a total of 10 African countries in the next five years, and we applaud PLM partners in their attempts to redefine public-private partnerships. We hope the learning reflected in this report is of service to their work and the work of others seeking to partner for improved global health.

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EXECUTIVE SUMMARY

The World Health Organization estimates that more than 2 billion people do not have access to medicines worldwide. Public-private partnerships are prolific in global health, but few have successfully leveraged the knowledge and expertise of industries outside of healthcare to address complex global health challenges. Project Last Mile (PLM) is an exciting new example of how private sector expertise from Coca-Cola can be applied to the public health sector to help get medicines and supplies out to the communities that need them most. The project brings together partners from across sectors, including The Coca-Cola Company and its foundations and bottling partners, U.S Agency for International Development (USAID), The Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Bill and Melinda Gates Foundation. It is executed in collaboration with Yale’s Global Health Leadership Institute (GHLI), the Global Environment and Technology Foundation (GETF), and implementing partners in each country.

To date, PLM has been implemented in Tanzania and Ghana, where expertise from Coca-Cola in supply chain, logistics, human resources, and marketing has helped improve the distribution and availability of medicines and medical products. In addition to receiving concrete knowledge and expertise from Coca-Cola, host country partners have also experienced important shifts in the business culture of their public health entities. Given the initial success of PLM, partners have agreed to invest an additional $23 million to expand the partnership to include ten countries in Africa by 2020.

Based on the experiences in Tanzania and Ghana, GHLI has outlined a series of recommendations to help guide future development and replication of the project. These recommendations emphasize using a flexible approach to design and implementation that can be adapted to changing contexts, working with local leaders and implementers for appropriate translation and transfer of knowledge between industries, and promoting close interactions between local Coca-Cola bottlers (Coca-Cola Kwanza in Tanzania and Equatorial Coca-Cola Bottling Company in Ghana) and public health entities for sustainable impact of the partnership.

This report highlights milestones in the development of the partnership, reviews achievements of the partners to date, describes the evolving model for knowledge transfer, and summarizes lessons learned across country settings.

“Project Last Mile is not about philanthropy or writing checks. It’s about building stronger, sustainable communities, and we’re honored to share Coca-Cola’s expertise and resources to improve the distribution of medicine and medical supplies and make a difference.”

Bea Perez, Chief Sustainability Officer, The Coca-Cola Company
I: BACKGROUND

According to the World Health Organization, more than 2 billion people worldwide do not have reliable access to essential medicines. HIV/AIDS, tuberculosis and malaria — all treatable with existing medicines — kill an estimated 6 million people every year. The majority of these deaths occur in Sub-Saharan Africa, with the greatest burden on the poor, women and children.

A well-functioning supply chain system is essential for adequate access to and availability of medicines. A public health supply chain is a network of interconnected actors involved in the procurement, storage and delivery of health commodities. These stakeholders work together to ensure consistent availability of quality medicines at the “last mile.”

The number of entities involved within this supply chain, their structure and their roles vary from one country to another but typically involve the following key players: procurement agencies; central, regional and district medical stores; and health centers.

The US President’s Emergency Plan for AIDS Relief funds a number of supply chain initiatives in developing countries, including DELIVER and the Supply Chain Management System. More than $500 million of funding has been spent annually under these two projects between 2005-2013 to improve availability and affordability of quality medicines. Despite these investments, performance of supply chains in developing countries remains suboptimal. In fact, availability of medicines at health facilities in low-income countries is only 38% compared to over 95% in retail pharmacies in many high-income countries.

Availability of Medicines at Health Facilities

Source: Private Sector’s Role in Supply Chains, 2008

Key players in Medical Supply Chains

- Procurement Agencies: Responsible for purchasing, usually at a national level
- Central Medical Stores: Responsible for storage and distribution to the next link in the supply chain
- Regional Medical Stores: Responsible for distribution to communities
- District Medical Stores
- Hospitals and Health Centers
Medicines and supplies are useless if they are not delivered to the people who need them most. Instead of focusing narrowly on disease-specific solutions, the global development community has increasingly turned its attention to strengthening health systems, including supply chain management, to promote better health. Within this context, the private sector has a large role to play in improving the efficiency of supply chains and supporting better health outcomes. With new models, better access to information and financing, the private sector can positively transform the delivery of medicines in low and middle-income countries.

**PUBLIC-PRIVATE PARTNERSHIPS TO STRENGTHEN SUPPLY CHAINS**

Both public and private sector organizations are demonstrating greater interest in partnerships for global health. Governments and development partners recognize the many strengths of the private sector, while businesses realize that acting in a socially responsible manner has positive outcomes, including: increased brand recognition and loyalty, greater engagement among company stakeholders, and even a more stable and prosperous operating environment.

Coca-Cola operates one of the world’s most extensive supply chains across more than 200 countries and territories. Its ability to distribute beverages to the most remote locations is unparalleled. Given this global outreach and expertise, the leadership at The Coca-Cola Company has recognized the company’s far-reaching potential to generate social impact. In addition to financial contributions from The Coca-Cola Company and its Foundations, Coca-Cola’s sustainability efforts have a particular emphasis on sharing core capabilities of its individuals across its value chain. Project Last Mile highlights Coca-Cola’s ability to leverage its core business expertise to improve access to essential medicines throughout Africa.
II: PROJECT LAST MILE IN ACTION

Project Last Mile is a unique public-private partnership that uses the Coca-Cola system’s logistic, supply chain and marketing expertise to help improve health systems across Africa in a sustainable way. Here we describe how the partnership came together and its implementation in Tanzania and Ghana.

THE SPARK OF AN IDEA

“If one can find a bottle of Coca-Cola anywhere in the world, why not lifesaving medicines?”

Melinda Gates, Co-Founder,
Bill and Melinda Gates Foundation

In 2009, Muhtar Kent, CEO and Chairman of The Coca-Cola Company was asked how Coca-Cola’s core competencies might be used to distribute pharmaceuticals. This sparked a series of conversations between key stakeholders on how the private sector could best support national supply chain efforts. This further culminated in a meeting with senior leaders from The Coca-Cola Company in Atlanta and key development partners to discuss how best to translate these high-level ideas into specific actions. The commitment was there, and the process of developing the approach began.

FINDING THE RIGHT FIT

In June of 2009, the Office of the Inspector General at The Global Fund released “An Audit Report on Global Fund Grants to Tanzania,” which identified supply chain management challenges within the country. Through the Global Fund’s channels, a series of meetings were held in Tanzania to explore potential areas for collaboration. To pursue this idea in a structured way, The Coca-Cola Company also assigned individuals with the necessary operational experience to work closely with representatives from the Global Fund and the Gates Foundation.

Together, this group worked to clearly identify areas for potential collaboration and find the right partnership model that would ensure intentional and structured sharing of learning from Coca-Cola to the public health sector.

The team identified the key champion for the project -- Joseph Mgaya, then Director General of Tanzania’s Medical Stores Department (MSD). MSD, an autonomous department of the Ministry of Health and Social Welfare, is responsible for procuring, storing, and delivering medicines throughout Tanzania. The Global Fund report highlighted that MSD faced significant challenges in their work, resulting in frequent delays and stock outs of critical medicines and supplies. In light of these challenges, the first phase of Project Last Mile was launched in Tanzania in 2010 to strengthen supply chain management capabilities by transferring Coca-Cola’s business expertise to MSD, with a focus on network logistics, planning and procurement, and human resource management. As a result of the changes instituted through PLM, MSD has already noted an overall increased availability of medicines by almost 30% in areas where the project has been implemented.

TANZANIA: IMPROVING ACCESS TO MEDICINES AND SUPPLIES

Support from PLM came at a critical time for MSD. Given widespread stock-outs and expired medications, MSD had been mandated to deliver medicines directly to health facilities, increasing the number of drop off points from 130 districts to more than 5500 facilities throughout the country. With support from Coca-Cola, PLM partners undertook a network optimization exercise to identify routes that would minimize
transportation costs and maximize efficiency of deliveries. In addition to sharing information on their own delivery routes and road conditions, staff from Coca-Cola Kwanza engaged with MSD to evaluate options for outsourcing distribution to third party distributors. A pilot of the new delivery model was tested in the Tanga Region to generate learnings for a national rollout plan.

Project Last Mile went beyond logistics support and supply chain expertise to strengthen overall business practices at MSD. Coca-Cola Kwanza bottlers and MSD staff interacted frequently to share approaches on planning and procurement at the central level. With support from PLM, MSD instituted bi-monthly meetings, routinely sharing information among employees. Additionally, MSD launched new positions in demand and supply planning, increasing communication within MSD. These changes, all of which are now embedded into MSD’s daily operations, have improved MSD’s ability to meet customer demands and predict stock outs, leading to significant reductions in inventory expiries.

Underlying these changes was a need to ensure that MSD had a competent staff to effectively carry out these supply chain functions. PLM supported human resource processes at MSD by identifying gaps in supply chain skills and competencies. Members of MSD staff completed courses from the Accenture Supply Chain Academy, a web-based learning tool also used extensively by Coca-Cola Kwanza bottlers, with individualized training tailored to the competencies and skills of MSD staff. Using Coca-Cola’s model, MSD introduced a new performance management system, DRIVE, to increase staff accountability. These improvements have led to an overall shift in business culture at MSD towards more proactive, client-oriented routines.

“Having Coca-Cola share openly about their business model for planning and distribution has given MSD great opportunity to improve. Project Last Mile has built capability at MSD through providing an easy transfer of information, and skills.”

Cosmas Mwaifwani, Acting Director General, Medical Stores Department

**SUSTAINING THE PARTNERSHIP: A LONG-LASTING CONNECTION BETWEEN MSD AND COCA-COLA KWANZA**

Critical to the ongoing success of PLM in Tanzania is a sense of trust and mutual commitment between local bottlers from Coca-Cola Kwanza and staff from MSD. Although the project has formally ended in Tanzania, Coca-Cola Kwanza agreed to take on a longer-term mentoring role, promoting regular interactions between staff on both sides.

This peer-to-peer connection has allowed individuals at MSD and bottlers to continue working together with limited partner involvement, promoting sustainable change and continued growth at MSD as stock outs are reduced, customer satisfaction is enhanced and availability of medicines is improved.
GHANA: A BLUEPRINT FOR IMPROVED VACCINE MANAGEMENT AND DEMAND CREATION

Based on the success in Tanzania, PLM launched in Ghana in 2011 to improve vaccine availability in the country. The PLM partnership worked with the Ghana Health Service (GHS) on both demand and supply sides, promoting consumer demand for immunizations and addressing challenges with cold chain uptime. Bottlers from the Equatorial Coca-Cola Bottling Company, a Coca-Cola bottling partner, shared expertise in delivering a more proactive national maintenance model for vaccine equipment, providing access to their processes, tools and staff to ensure more reliable availability of safe, unspoiled vaccines. Preliminary findings from pilots in Ghana demonstrate that learnings between GHS staff and Coca-Cola bottlers have resulted in reduced equipment breakdown and improved availability of spare parts. Partners are currently developing a strategy for national rollout of this model.

The partnership is also using Coca-Cola’s leading market research capacities to help GHS understand factors behind low uptake for vaccines. A market segmentation analysis was conducted to identify different segments of the population affected by immunization activities and their perceptions and attitudes towards immunization. Results from the analysis can be used to create highly targeted messaging for immunization marketing campaigns.

PARTNERSHIP EXPANSION

In 2014, The Coca-Cola Company and its Foundations, USAID, Global Fund, and the Gates Foundation announced expansion of Project Last Mile to include a total of ten countries in Africa by 2020. The partners have signed a Global Development Alliance, USAID’s premier model for public-private partnerships, to ensure effective alignment with existing supply chain efforts. As the project takes hold in additional countries, country-specific monitoring and evaluation systems designed by Yale’s Global Health Leadership Institute (GHLI) will allow for robust data collection and analysis of partnership impact on medicine distribution.

Global Development Alliances

Global Development Alliances (GDAs) are a USAID contractual mechanism that allow the agency to bring together assets and experiences of the private sector, foundations, nongovernmental organizations, universities, local businesses and diaspora groups to solve complex problems facing governments, businesses, and communities. GDAs take philanthropy or corporate social responsibility to the next level by leveraging market-based solutions to advance broader development objectives. When successful, the resulting alliances have potential to be more sustainable and have greater impact than traditional government investments or private sector corporate social responsibility efforts.
III: AN APPLIED FRAMEWORK

The experiences in Tanzania and Ghana illustrate how PLM can be effectively applied in new settings. To facilitate replication while still allowing for tailoring to the context of each country, PLM partners have developed a framework that guides PLM introduction, development and implementation in each country.

Designed to be flexible, the PLM model is tailored to match local supply chain gaps with Coca-Cola’s core business expertise in each country. Based on experience to date and priorities expressed by country stakeholders, five areas have been identified in which expertise from Coca-Cola can build capabilities within Ministries of Health and national supply chain agencies.

1. **Outsourced Distribution:** Using Coca-Cola’s expertise and relationships with third-party distributors, PLM advances Ministry of Health’s capacity to manage outsourced contracts to support more efficient and reliable delivery of medicines.

2. **Network Optimization:** By sharing Coca-Cola’s approaches in setting up transportation routes, scheduling and spare part management processes, PLM works with Ministries of Health to reduce distribution costs, increase order fill rate at the facility level and improve deliveries.

3. **Workforce Transformation:** By assessing human resource needs and advising on critical staff competencies, PLM enables Ministries of Health to improve capability and effectiveness of supply chain staff at all levels.

4. **Strategic Marketing:** Project Last Mile works with Ministries of Health to train sales and marketing staff to better understand customers. PLM also leverages Coca-Cola’s marketing techniques to improve patient demand for medication, enable evidence based planning and funding of campaigns, and provide enhanced visibility of marketing campaign performance.

5. **Proactive Planning:** Through PLM, Coca-Cola shares its planning tools and coaches Ministry of Health staff to run effective planning sessions to improve forecast accuracy, reduce stock-outs, and increase overall efficiency of supply chain processes.

“When it comes to Supply Chain, MSD has a whole host of competitive advantages due to the Project Last Mile. The project has acted as a catalyst and enabled MSD to live its mission of being a centre of excellence for health commodities and supply chain in Africa.”

Edward Terry, Director of Customer Services and Zonal operations, Medical Stores Department

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When it comes to Supply Chain, MSD has a whole host of competitive advantages due to the Project Last Mile. The project has acted as a catalyst and enabled MSD to live its mission of being a centre of excellence for health commodities and supply chain in Africa.”

Edward Terry, Director of Customer Services and Zonal operations, Medical Stores Department
Project Last Mile is designed to unfold through focused phases of work over an approximately two-year period in each country. The first phase invests in stakeholder engagement to create a precise fit between PLM expertise and in-country supply chain needs. The next three phases focus on active implementation. The fifth phase emphasizes long-term relationships between in-country Coca-Cola bottlers and their partners in the public health sector.

**Engage and Align.** Early engagement from partners to gauge receptivity for PLM efforts and understand local context is integral to the success of Project Last Mile. These early conversations help identify a specific fit between Coca-Cola expertise and local needs and ensure that PLM complements and aligns with larger development efforts and national supply chain strategies in each country.

“*The engagement up front was really important in positioning our work as specific areas where the private sector could support.*

Consultant, Accenture Development Partnerships, Ghana

**Picture of Success.** Following these conversations, partners engage in formal assessments and pilots to define specific interventions where Coca-Cola and the partnership can drive change. Interventions are strategically chosen for their feasibility and impact on supply chain management, as well as needs of the national health authorities and specific Coca-Cola expertise available in each country.

**Build and Deploy.** Implementation begins as partners develop tools and processes to introduce change. At this stage of the partnership, in-country implementation and hands on management capacity is crucial to ensure translation of Coca-Cola’s expertise to the public health sector.

**Build Capacity and Change.** Partners work to ensure that the new processes and behaviors introduced through PLM become embedded within the Ministry of Health’s day-to-day systems. This requires consistent mentoring, coaching and knowledge sharing between public sector supply chain professionals and local Coca-Cola bottlers to build institutional and individual supply chain capacities.

**Sustain.** PLM aims to ensure that commitment from both organizations is cemented for long-term support and results of the implementation are sustained over time. Direct exchange of information and interpersonal relationships between Coca-Cola bottlers and public health staff is encouraged to promote an ongoing mentorship model at the local level.
Project Last Mile

Ministries of Health and Public Sector Supply Chain Agencies

USAID  The Coca-Cola Company  The Gates Foundation  The Global Fund

Yale Global Health Leadership Institute  Global Environmental Technology Foundation  Other Implementation Partners

IV: PROJECT LAST MILE PARTNERS

Project Last Mile brings together a powerful coalition of public, private, civil society and academic partners that share a common belief that collaboration between public and private sectors can effectively and sustainably address challenges in global health. Each partner brings a unique set of expertise and a network of resources to build capacity of supply chain agencies to effectively procure, store and distribute medicines. Key partners in this collaboration include:

The Coca-Cola Company

The Coca-Cola System includes
The Coca-Cola Company and its local bottling partners. In addition to direct funding support for projects through the Company and its charitable foundations, The Coca-Cola Company anchors PLM by leveraging its global network of marketing, communications, and technical experts to provide guidance to the public health sector.

At the global level, individuals from The Coca-Cola Company engage with development partners and in-country stakeholders to mobilize resources and ensure strategic positioning of PLM. At the local level, Coca-Cola bottlers share supply chain methodologies, planning and logistics tools and processes to build capacity of public sector supply chain agencies. Bottlers also leverage Coca-Cola’s network of independent distributors to share technical expertise in the management of direct and outsourced models of delivery.

PLM engagements benefit Coca-Cola employees across the value chain. In Tanzania, the process of learning how to effectively package and share its expertise with MSD provided an opportunity for Coca-Cola Kwanza to re-evaluate and improve upon some of its own practices. The partnership has also provided an opportunity for Coca-Cola employees to engage in corporate social responsibility efforts in a new, more emotionally meaningful way.

United States Agency for Aid and Development (USAID) is a leading U.S. Government agency working to end extreme global poverty and promote resilient, democratic societies. Operating in 42 countries in Africa, USAID seeks to deepen and advance sustainable development throughout the continent. In
Project Last Mile, USAID provides funding and proactively leads engagement with local Ministries of Health to build understanding of the partnership. USAID also works closely with its local and regional offices, Missions, to align PLM with ongoing country priorities.

**Bill & Melinda Gates Foundation**

The Bill and Melinda Gates Foundation is the largest private grant-making foundation in the world. In addition to supporting programs focused on education, hunger and poverty, the Gates Foundation plays a critical role in advancing global health innovations. The Foundation provides funding for PLM and identifies supply chain needs and opportunities in countries of PLM interest.

**The Global Fund to Fight AIDS, Tuberculosis and Malaria**

The Global Fund to Fight AIDS, Tuberculosis and Malaria is an international financing organization that mobilizes resources and invests them in programs to accelerate the end of AIDS, TB and malaria epidemics in more than 100 countries worldwide. Along with The Coca-Cola Company, USAID, and the Gates Foundation, the Global Fund provides funding and proactively engages with local Ministries of Health to build understanding of the partnership and identify supply chain needs.

**Global Environment & Technology Foundation**

Global Environment & Technology Foundation (GETF) is a non-profit organization promoting sustainable development through partnerships and targeted action. GETF has a decade of experience supporting The Coca-Cola Company in its global water management programs. Thus, GETF is primed to facilitate convening across all Project Last Mile partners, provide project management and communications support and leverage new partners and financial resources to advance the partnership.

**Yale Global Health Leadership Institute**

Yale Global Health Leadership Institute (GHLI) develops leadership through education and research programs that strengthen health systems and promote health equity and quality of care. Since 2011, GHLI has been conducting a process evaluation of the partnership to identify key challenges and factors for partnership success. GHLI leads the monitoring and evaluation activities for Project Last Mile to systematically evaluate supply chain improvements and promote continued growth and learning.

Implementing partners support execution of partnership activities, working with in-country partners to translate Coca-Cola expertise to public health agencies. In Ghana and Tanzania, the partnership has engaged extensively with Accenture Development Partnerships (ADP), a corporate social enterprise that aims to channel the skills and resources of Accenture’s global talent to the international development sector.

“For an effective collaboration, you need dedicated people who can work together but also build a certain level of trust and cooperation. I think the key was to bring together the right partners, sharing the same vision of making their particular skills and expertise available to improve health and save lives.”

Christoph Benn, Director of External Relations at The Global Fund
V: LOOKING TO THE FUTURE

Public-private partnerships focusing on knowledge transfer are still relatively new. Despite the wealth of knowledge available to the public health community from other industries, successful knowledge transfer is not easy and requires understanding of many complex factors.

In this section, we provide recommendations for both partners and the community at large as they design and implement similar public-private partnership aimed at improving health outcomes:

**Recommendations**

1. **Proceed with flexibility**
   The idea of using Coca-Cola’s global business expertise is intriguing but it takes time, effort, and an entrepreneurial approach to discern how, where and when that expertise can be used at the local level. For example, while many things could have been done differently in Tanzania, The Coca-Cola Company’s leadership took a flexible approach designing project activities and overcoming roadblocks along the way, making it a learning process for all those involved in the project. This helped maintain project momentum and allowed the project to progress from an idea to reality.

2. **Ensure adequate engagement from development partners at the global and national levels**
   In order for the partnership to take root, it is important to ensure adequate engagement from development partners to get buy-in from stakeholders at the Ministry level in each country. Discussions, consultations and facilitations from the Global Fund and the Gates Foundation in Tanzania were key to fully understand both technical and political issues and to provide “the insistence and the vehicle to do things on the ground.” In this way, the partnership was not just seen as a direct offer from The Coca-Cola Company but a coordinated effort involving multiple stakeholders aimed at improving national supply chains.

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**From tracking implementation to measuring impact**

This report is the product of a process evaluation designed to understand factors influencing the evolution of PLM. Through a series of qualitative interviews with key informants and site visits in Tanzania and beyond, Yale GHLI has documented how the partnership has come together, tracked implementation activities, provided feedback to partners, and identified determinants of success to inform development and implementation of similar models in other settings.

Yale GHLI is now leading the design and implementation of a monitoring and evaluation framework to measure impact of the partnership. The evaluation is constructed as a mixed methods study involving both qualitative and quantitative approaches embedded into program implementation.
Recognize differences between public and private operating environments and adapt Coca-Cola approaches accordingly

Despite supply chain similarities between Coca-Cola and public health agencies, fundamental differences in cultural and regulatory processes make it difficult for all knowledge to be transferred from the private to the public sector and across industries. For example, although Coca-Cola has extensive experience responding and reaching to their markets, as a private company, they are not obligated to distribute products to unprofitable locations. On the other hand, public sector entities, regardless of the profit, must ensure that medicines reach even the most remote locations.

The partnership invests a significant amount of time during early engagements to identify a precise fit between Coca-Cola expertise and public health sector needs. Even so, solutions proposed must be tailored and adapted to match local realities and constraints. In Tanzania’s case, although Coca-Cola shared extensive information with MSD on use of third-party distributors to support, MSD had to overcome numerous regulatory hurdles before they could implement an effective outsourcing strategy.

Seek boundary spanners who can translate across different industries

Boundary spanners are individuals who gather critical information from their external environments and effectively translate this information back into their organizations. Because PLM consists of partners from a wide range of sectors and industries, it is imperative that the partnership seeks individuals who recognize the value of the knowledge being transferred and engage others in implementation. MSD’s Director General, a Tanzanian who had been educated in the US and who had experience working in several different industries, served in this strategic role of a boundary spanner, bridging both cultural and industrial divides and convincing his staff to engage in PLM in Tanzania. Similarly, individuals from The Coca-Cola Company also played a key role in bridging boundaries and championing the concept of knowledge transfer to development partners as well as Coca-Cola bottlers to allow for successful introduction and scale-up of the project.

Invest in local management and implementation capacity

Successful knowledge uptake requires that information be adapted and packaged in a way that is useful for the receiving entity. Although Coca-Cola provided a wealth of technical knowledge and MSD presented a receptive environment in Tanzania, the project required dedicated hands-on staff that understood both contexts and could facilitate the knowledge transfer process. Staff from Accenture Development Partnership accomplished this by conducting workshops to bring stakeholders together, managing day-to-day operations of the project and working side-by-side of the bottlers and MSD staff to generate tools and solutions tailored to the needs at MSD.

Promote close interactions between local bottlers and public health entities

Although project management and in-country implementation support is critical in transferring Coca-Cola’s core business expertise to public supply chain agencies, it is
ultimately the relationships between local staff and bottlers that can sustain the partnership in the long run. As described above, long-term commitment of MSD staff and bottlers has proved invaluable in sustaining the partnership in Tanzania. With liaisons set up on both sides and continued engagement from staff at all levels, these local partners continue to work together to improve medicine distribution in the country.

> We brought them here and showed them presentations of what we do, how we set up our system, the impact of that in our business and benefits of having a smooth process. We give them examples of the processes we have, showed them the people involved as part of these processes and asked them to attend our meetings. Then we went to their place and we asked them to set up their own meetings. Gave them the tools and the structure they needed.

Patrick Oyuru, Planning and Procurement Manager, Coca-Cola Kwanza

As the project expands, partners must ensure that PLM implementation activities are smoothly integrated into the day-to-day routine without creating a significant burden for staff at any organization.

Adapt, accommodate, and align with complex funding and donor environment

Project Last Mile is not alone in its motivation to improve supply chain management in developing countries. Governments, donors, and international organizations have many ongoing initiatives along the supply chain to improve availability of medicines in these countries. The multiplicity of these efforts can often lead to duplication if left uncoordinated and unmanaged. It is anticipated that with GETF serving in a critical project management role and systematic channeling of funds through the GDA, PLM can avoid challenges associated with uncoordinated efforts.

Accommodate competing demands on the part of both bottlers and public health professionals

Capacity building activities often compete with day-to-day demands of individuals. In Tanzania, staff at MSD and Coca-Cola noted that despite their willingness to engage in the project, a lack of dedicated time for Project Last Mile often hindered progress. MSD staff expressed being stretched by the implementation of several other resource and time intensive projects, including a new inventory management software package, while Coca-Cola bottlers described being under substantial pressure to meet their monthly targets.
CONCLUSION

Project Last Mile has demonstrated successful knowledge transfer across industries and sectors, illustrating that effective implementation of this partnership model can drive significant improvements in global health. Despite the challenges along the way, the PLM partnership has remained committed to strengthening the program and identifying new opportunities for long-term success. Local relationships in Ghana and Tanzania continue to play a central role in fostering sustained learning over time. At the same time, the partnership is investing sufficient time and energy engaging with the donor community and in-country stakeholders to identify new opportunities that can effectively build and integrate PLM with existing supply chain initiatives.

“*We can’t accomplish this on our own. A project like this requires collaboration across sectors, bringing together partners in business, government and civil society. Together we are transforming the medical distribution system and strengthening the local community.*”

Adrian Ristow, Director, Project Last Mile, The Coca-Cola Company

*Photo credit: The Coca-Cola Company*  
Coca-Cola Lead Cooler Technician, Maxwell Ayisi (right), and Ghana Health Service Refrigeration Technician, Livingstone Modey, repairing a dual gas/electric vaccine refrigerator at a clinic in Peki Dzake in the Volta Region of Ghana.