# Article information:

Assessing performance using maturity model: a multiple case study of public health supply chains in Nigeria | Emerald Insight
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# Article summary:

1. This study examines the factors and dynamic systems behavior of essential medicine stockout in public health-care supply chains in Nigeria.

2. The authors identify five constraints and develop five case mental models to understand the feedback loops and variables leading to medicine availability.

3. The study uses a mixed-method approach, including surveys and in-depth interviews, to assess the essential medicine stockout and develop a dynamic network mental model for improving medicine availability.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article titled "Assessing performance using maturity model: a multiple case study of public health supply chains in Nigeria" aims to examine the factors and dynamic systems behavior of essential medicine stockout in public health-care supply chains in Nigeria. The authors use a mixed-method approach, including surveys and in-depth interviews, to identify constraints and develop mental models for medicine availability. They also propose a dynamic theory of medicine availability and suggest that understanding the system structure, feedback, and behavior can help reduce stockouts.

Overall, the article provides valuable insights into the challenges faced by public health supply chains in Nigeria and offers recommendations for improving medicine availability. However, there are several potential biases and limitations that need to be considered.

Firstly, the article primarily focuses on the perspectives of stakeholders within the health-care supply chains, such as policymakers and hospital managers. While these perspectives are important, it would be beneficial to include the views of other stakeholders like manufacturers and distributors of medicines to gain a more comprehensive understanding of the system.

Secondly, the study relies on group surveys, which are prone to power dynamics and bias from group thinking. It is essential to acknowledge these limitations as they may influence the survey results and subsequent analysis.

Additionally, while the article mentions developing mental models for medicine availability based on five case studies, it does not provide detailed information about these case studies or their selection criteria. This lack of transparency raises questions about the representativeness and generalizability of the findings.

Furthermore, although the authors propose a dynamic theory of medicine availability based on feedback loops and variables identified across cases, they do not provide sufficient evidence or data to support this theory. Without empirical evidence or rigorous analysis, it is challenging to assess the validity and reliability of their claims.

Moreover, while the article acknowledges that achieving good health and well-being is one of the United Nations Sustainable Development Goals (SDGs), it does not explore how addressing medicine stockouts specifically contributes to this goal. Providing a more explicit link between medicine availability and improved health outcomes would strengthen the argument for reducing stockouts.

Additionally, the article does not discuss potential risks or challenges associated with implementing the proposed recommendations. It is important to consider potential barriers, such as financial constraints or political factors, that may hinder the implementation of policies aimed at reducing stockouts.

Lastly, the article is published by Emerald Publishing Limited, which may introduce a potential bias towards promoting their own research and publications. While there is no explicit promotional content in the article, it is essential to be aware of any potential conflicts of interest.

In conclusion, while the article provides valuable insights into the challenges faced by public health supply chains in Nigeria and offers recommendations for improving medicine availability, there are several biases and limitations that need to be considered. These include a focus on specific stakeholders' perspectives, reliance on group surveys, lack of transparency regarding case studies, insufficient evidence for proposed theories, missing links between medicine availability and health outcomes, lack of discussion on potential risks, and potential biases associated with the publisher. Future research should address these limitations to provide a more comprehensive understanding of the topic.

# Topics for further research:

* Factors influencing medicine availability in public health supply chains in Nigeria
* Perspectives of manufacturers and distributors on medicine stockouts in Nigeria
* Power dynamics and bias in group surveys in healthcare supply chains
* Selection criteria and representativeness of case studies on medicine availability in Nigeria
* Empirical evidence for the dynamic theory of medicine availability in public health supply chains
* Link between medicine stockouts and achieving the United Nations Sustainable Development Goal of good health and well-being

# Report location:

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