



UNIVERSITY OF AMSTERDAM  
Amsterdam Business School



University of Amsterdam

# Analytics for a Better World

Dick den Hertog



# UN Sustainable Development Goals



# Contents

- Two ABW cases
  1. Optimizing food supply chain
  2. Optimizing hospital locations
- ABW-Institute



# Optimizing food supply chain WFP







## Team that won the Franz Edelman Award 2021

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University of Amsterdam

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# Introduction to WFP



SAVING LIVES  
CHANGING LIVES

World Food Programme

# Hunger Map 2020

**CHRONIC HUNGER**

If current trends continue, the number of hungry people will reach 840 million by 2030



Prevalence of undernourishment in the total population (percent) in 2017-19

Undernourishment is defined as the condition where an individual's habitual consumption is insufficient to provide the amount of dietary energy required to maintain a normal, active, healthy life. The indicator is reported as the prevalence of undernourishment (PoU), which is an estimate of the percentage of individuals in the total population that are in a condition of undernourishment. To reduce the influence of possible estimation errors in some of the underlying parameters, reduced estimates are reported as a three-year moving average. Source: FAO, IFAD, UNICEF, WFP and WHO, 2020. The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets. Rome, FAO. Number 10 November is available at <https://www.fao.org/state-of-food-security-nutrition/en>

© World Food Programme 2020

The data on this map are the product of a complex process involving the cooperation of many stakeholders on the part of WFP and its partners, including the UN system, national governments, and other organizations. WFP is not responsible for any errors or omissions in the data or for any consequences arising from the use of the data. WFP is not responsible for any errors or omissions in the data or for any consequences arising from the use of the data.

International boundary — Administrative International Administrative Line — Other Line of Separation — Special boundary line



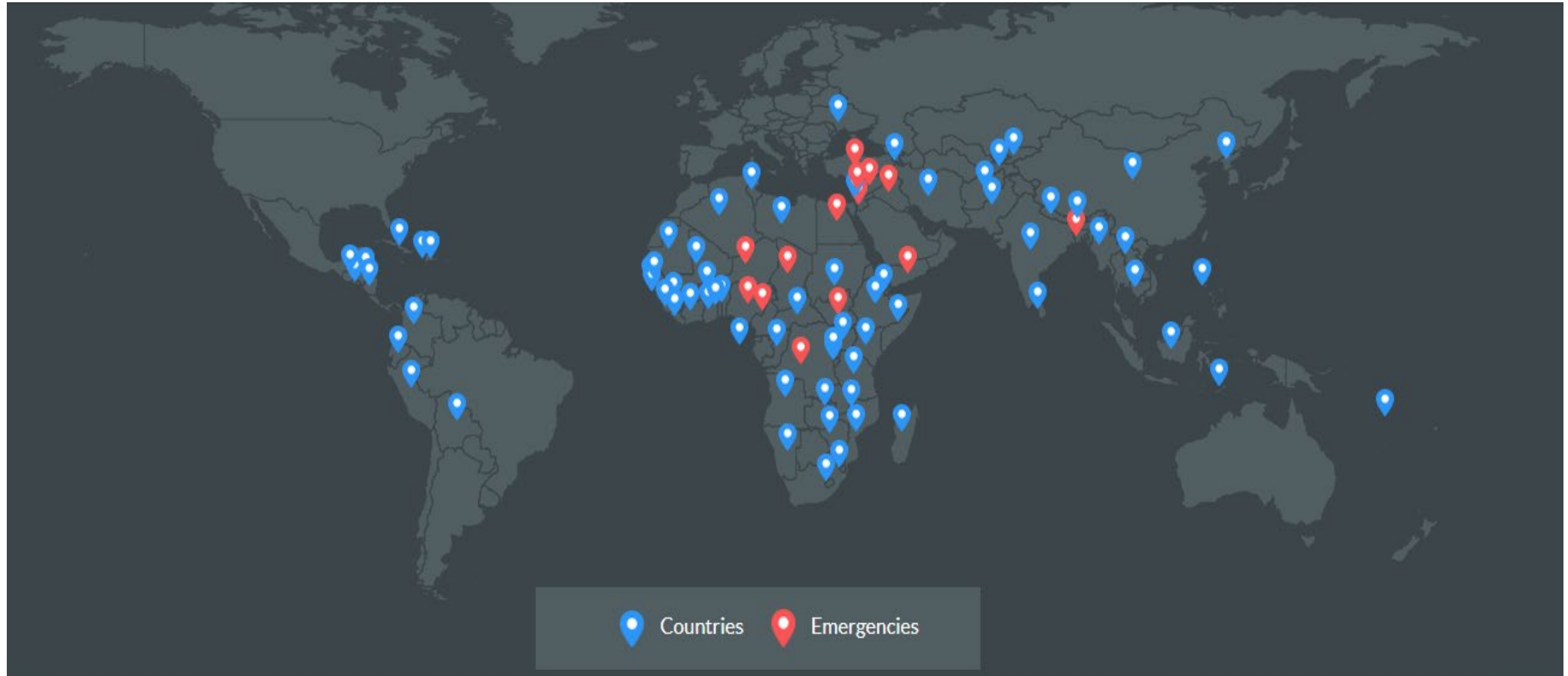
## The fact is: there is enough food

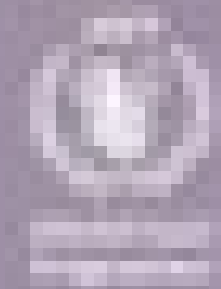
- We have a transportation issue
- The United Nations –  
World Food Programme  
is **supporting 80 Million**  
of the 821 Million beneficiaries
- They ship **4 million metric tons** each year!





# WFP is active in about 75 countries





Cambridge University

# Optimization

# Core element of success of model

Take also nutrients into account in the supply chain.

Multicommodity min cost flow + Diet model



Nutrition Facts	
Serving size 1 potato (148g/5.2oz)	
Amount per serving	
<b>Calories</b>	<b>110</b>
% Daily Value*	
<b>Total Fat</b> 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
<b>Cholesterol</b> 0mg	0%
<b>Sodium</b> 0mg	0%
<b>Total Carbohydrate</b> 26g	9%
Dietary Fiber 2g	7%
Total Sugars 1g	
Includes 0g Added Sugars	0%
<b>Protein</b> 3g	
Vitamin D 0mg	0%
Calcium 20mg	2%
Iron 1.1mg	6%
Potassium 620mg	15%
Vitamin C 27mg	30%
Vitamin B <sub>6</sub> 0.2mg	10%

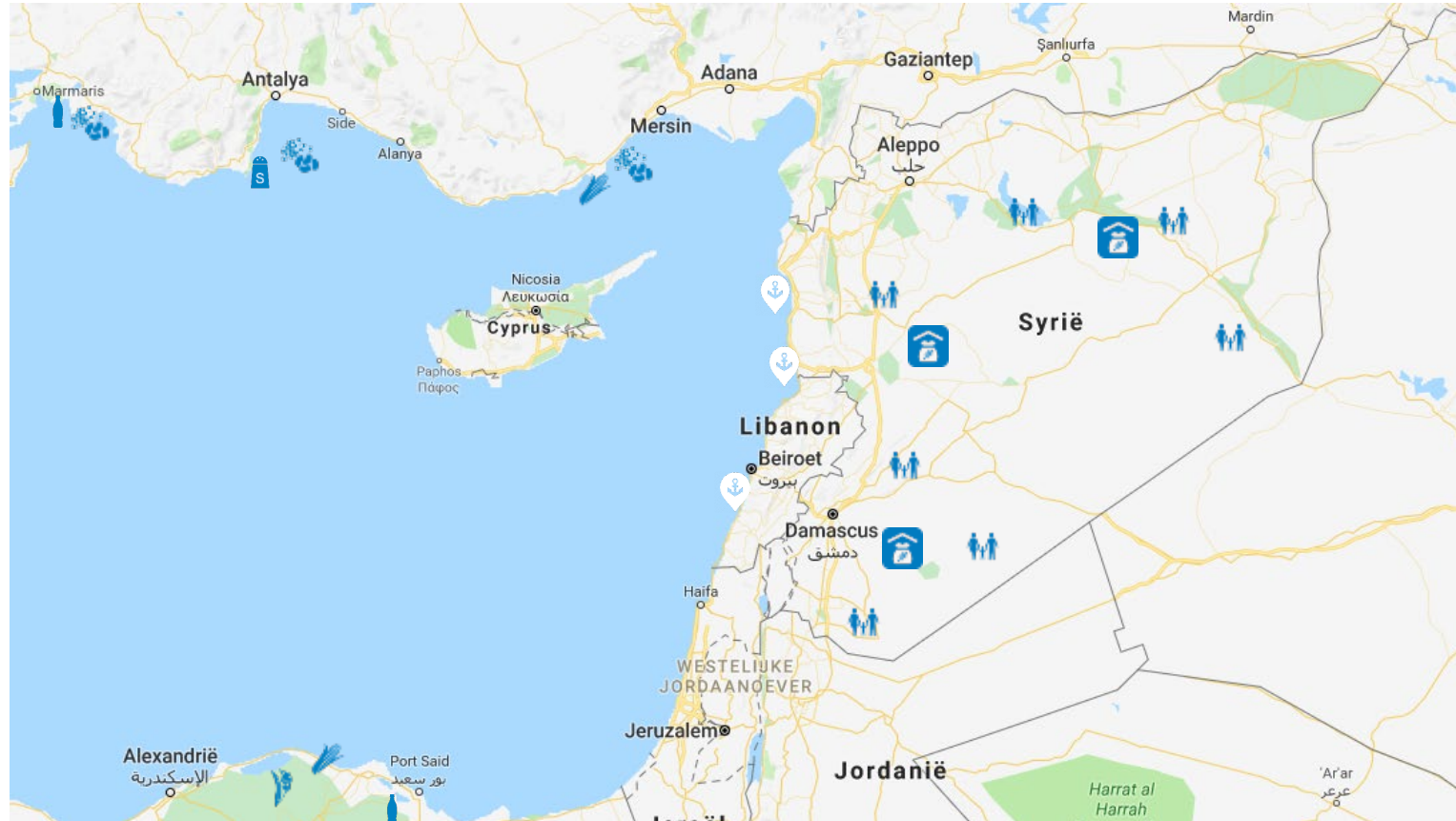
\*Percent Daily Values are based on a diet of other people's secrets.







# From source to delivery



Supplier

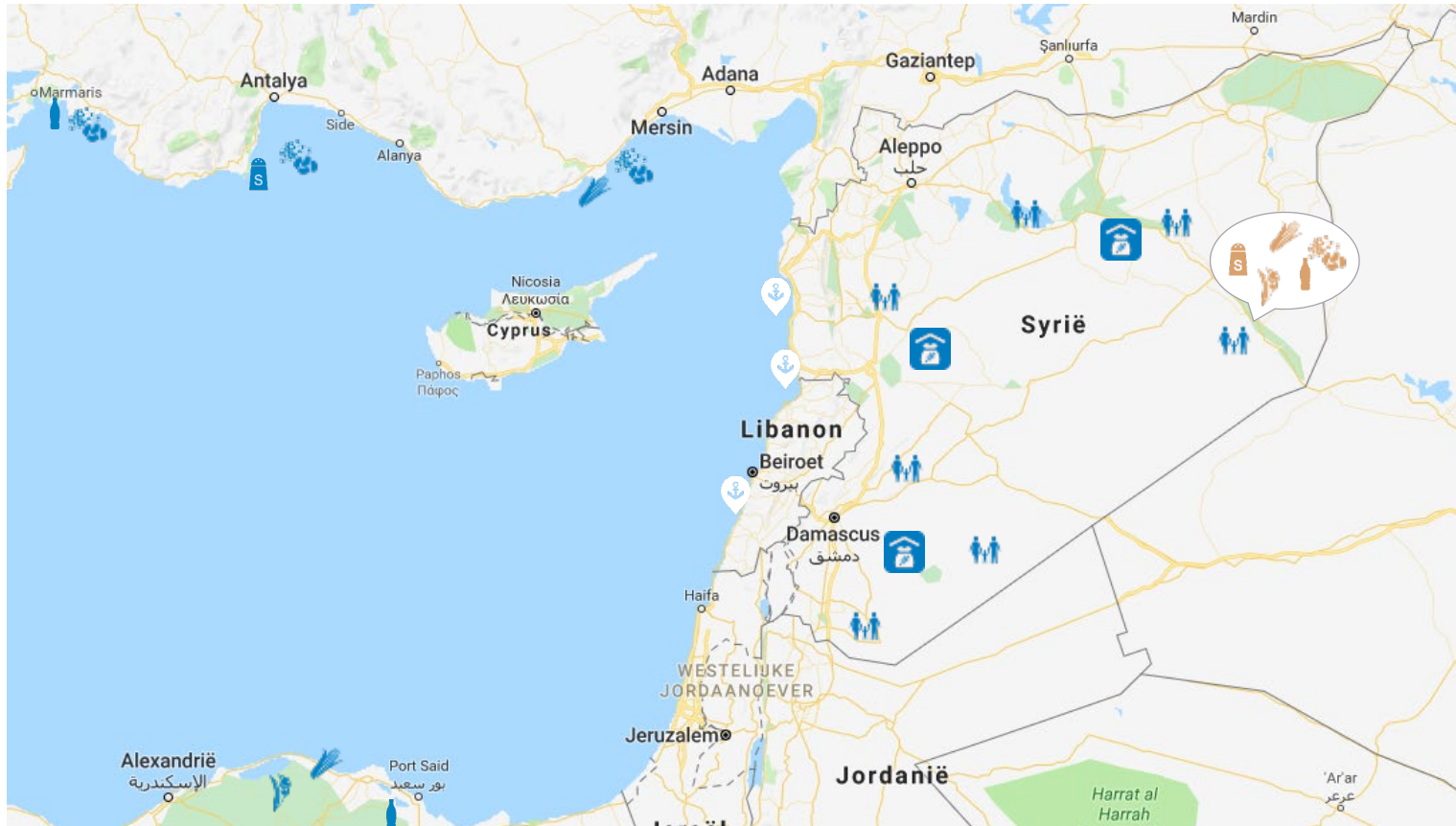
Harbor

Transshipment point

Delivery point

# From source to delivery

Food basket >

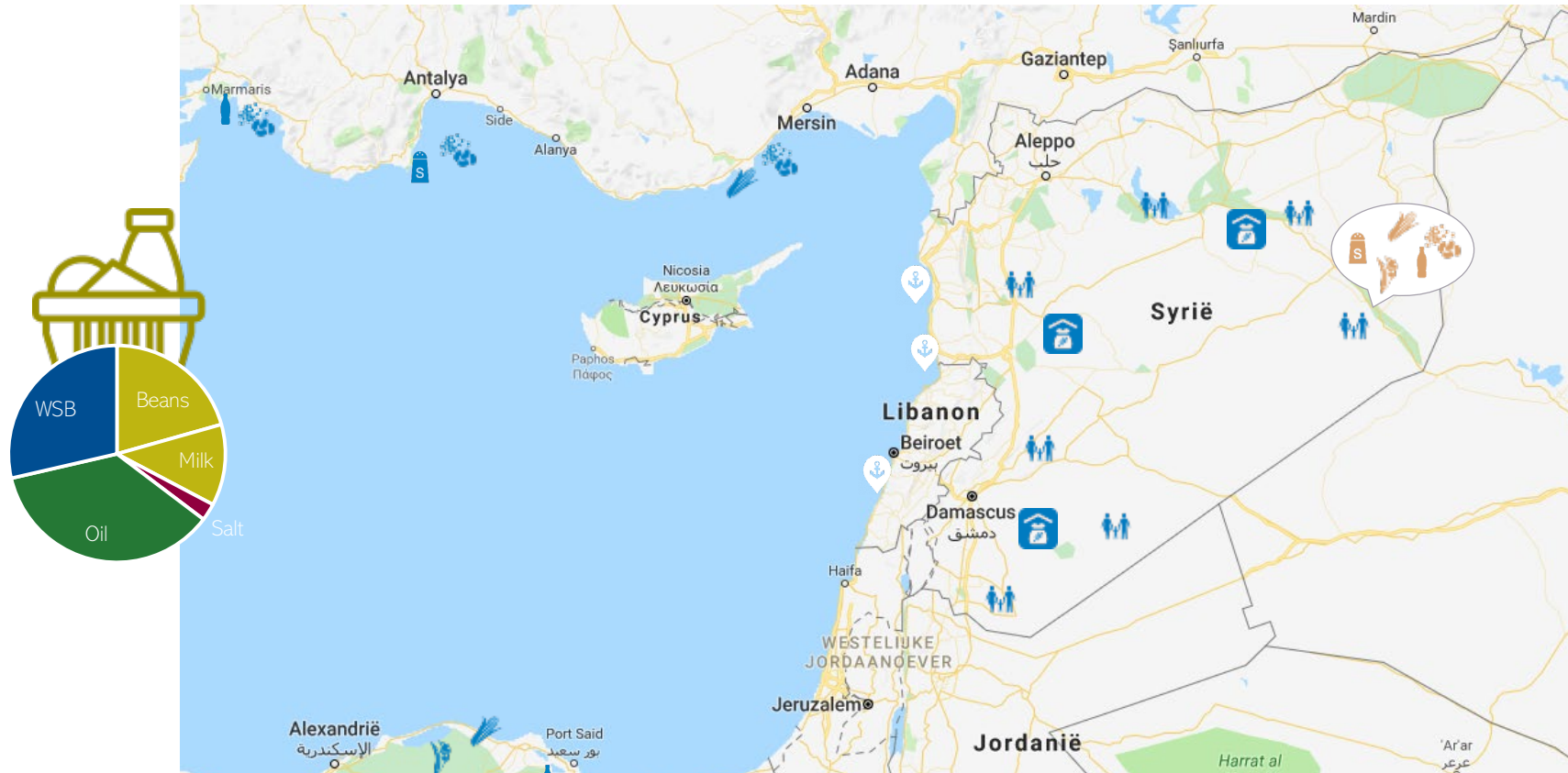


Based on the nutritional requirements of the beneficiaries



# From source to delivery

Food basket >



The model finds the most cost-effective food basket composition

# From source to delivery

Food basket > Sourcing



Together with the most efficient sourcing plan



# From source to delivery

Food basket > Sourcing > Delivery



And delivery plan from the source

# From source to delivery

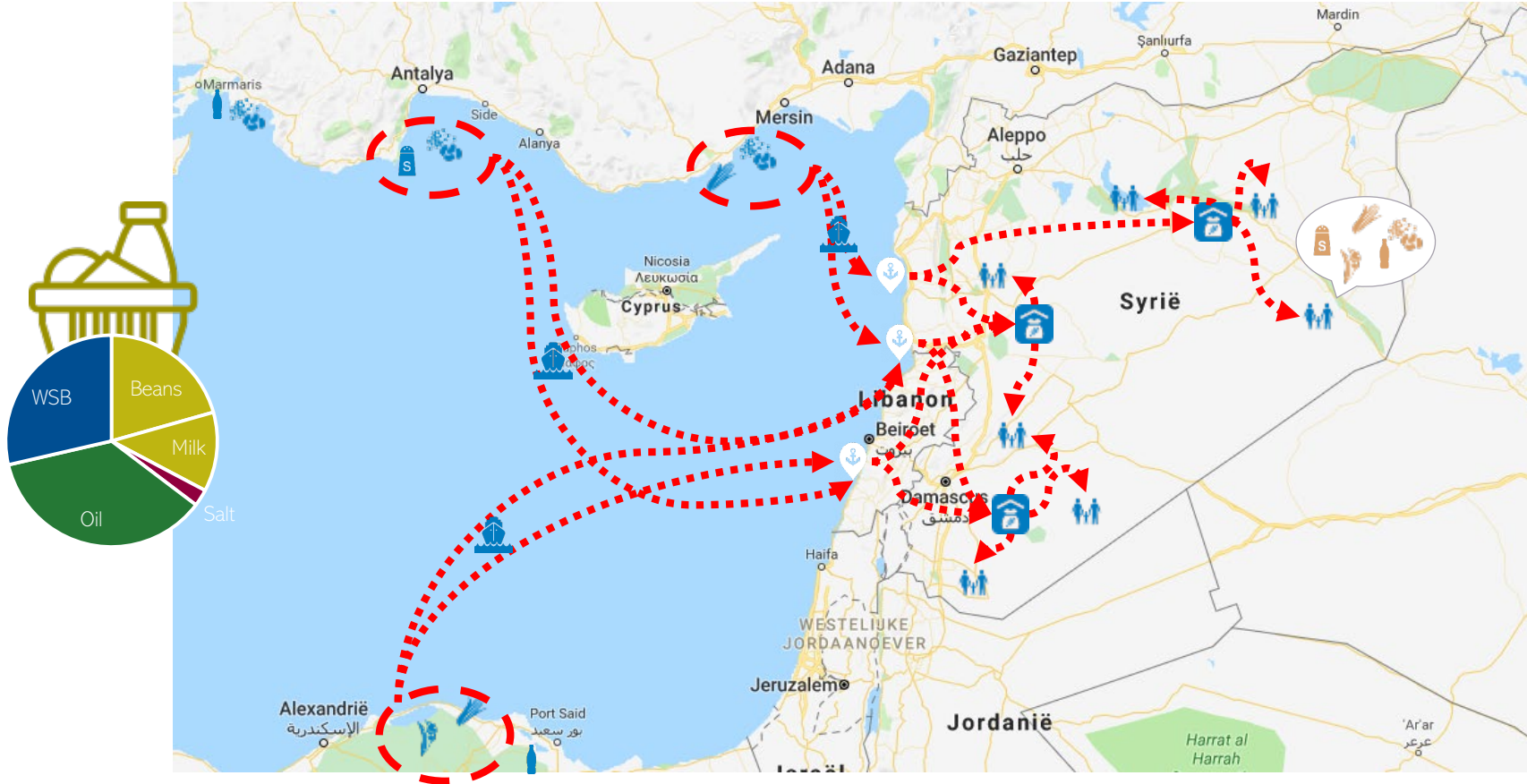
Food basket > Sourcing > Delivery



Via transshipment points

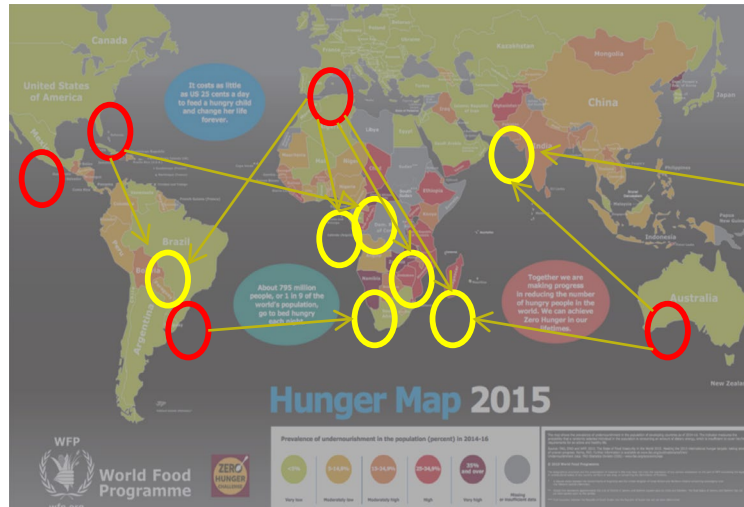
# From source to delivery

Food basket > Sourcing > Delivery



To the final delivery points

# Optimization model



+



Nutrition Facts	
Serving size 1 potato (148g/5.2oz)	
Amount per serving	
<b>Calories</b>	<b>110</b>
% Daily Value*	
<b>Total Fat</b> 0g	0%
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<b>Total Carbohydrate</b> 26g	9%
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Total Sugars 1g	
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Vitamin D 0mcg	0%
Calcium 20mg	2%
Iron 1.1mg	6%
Potassium 620mg	15%
Vitamin C 27mg	30%
Vitamin B <sub>6</sub> 0.2mg	10%

\*The % Daily Value is based on a diet of food and water. It is not intended to be used for nutritional advice.

Multicommodity min cost flow

Diet model





# Simplified optimisation model [1/2]

## Sets

- $N$  = Set of Nodes ( $i, j \in N$ )  
 $N_S$  = Set of Suppliers  
 $N_P$  = Set of Ports  
 $N_W$  = Set of Warehouses  
 $N_B$  = Set of Beneficiary Camps  
 $K$  = Set of Commodities ( $k \in K$ )  
 $L$  = Set of Nutrients ( $l \in L$ )

## Parameters

- $dem_i$  = Number of beneficiaries at node  $i \in N_B$   
 $hc_i$  = Costs ( $\$/kg$ ) of handling at node  $i \in N \setminus N_S$   
 $pc_{ik}$  = Cost ( $\$/kg$ ) of procuring commodity  $k \in K$  from node  $i \in N_S$   
 $tc_{ijk}$  = Cost ( $\$/kg$ ) of transporting commodity  $k \in K$  from node  $i \in N$  to node  $j \in N$   
 $nutreq_l$  = Nutritional requirements of a beneficiary for nutrient  $l \in L$   
 $nutval_{kl}$  = Nutritional value (per  $kg$ ) of commodity  $k \in K$  for nutrient  $l \in L$

## Variables

- $F_{ijk}$  = Amount ( $kg$ ) of commodity  $k \in K$  sent from node  $i \in N$  to node  $j \in N$   
 $R_k$  = Ration size ( $kg$ ) of commodity  $k \in K$



# Simplified optimisation model [2/2]



$$\min_F \sum_{i \in N_S, j, k} pc_{ik} * F_{ijk} + \sum_{i, j, k} tc_{ijk} * F_{ijk} + \sum_{i, j, k} hc_j * F_{ijk}$$

Such that:

1. Flow is preserved

$$\sum_i F_{ijk} = \sum_i F_{jik}, \quad \forall j \in N_P \cup N_W, \forall k \in K$$

2. All beneficiaries receive a food basket

$$\sum_i F_{ijk} \geq dem_j * R_k, \quad \forall j \in N_B, \forall k \in K$$

3. Nutritional requirements

$$\sum_k nutval_{kl} * R_k \geq nutreq_l, \quad \forall l \in L$$

4. Flows and Rations are non-negative

$$R_k, F_{ijk} \geq 0, \quad \forall i \in N, j \in N, k \in K$$



# Extensions of the simplified model (I)

- Multiperiod
- Seasonal price windows / season basket
- Different beneficiary types
- Adults / children / pregnant women / ...
- Ration differentiation by location
- Cash Based Transfers
- Cash / Commodity Vouchers / Value Vouchers
- Donor restrictions

## Extensions of the core model (2)

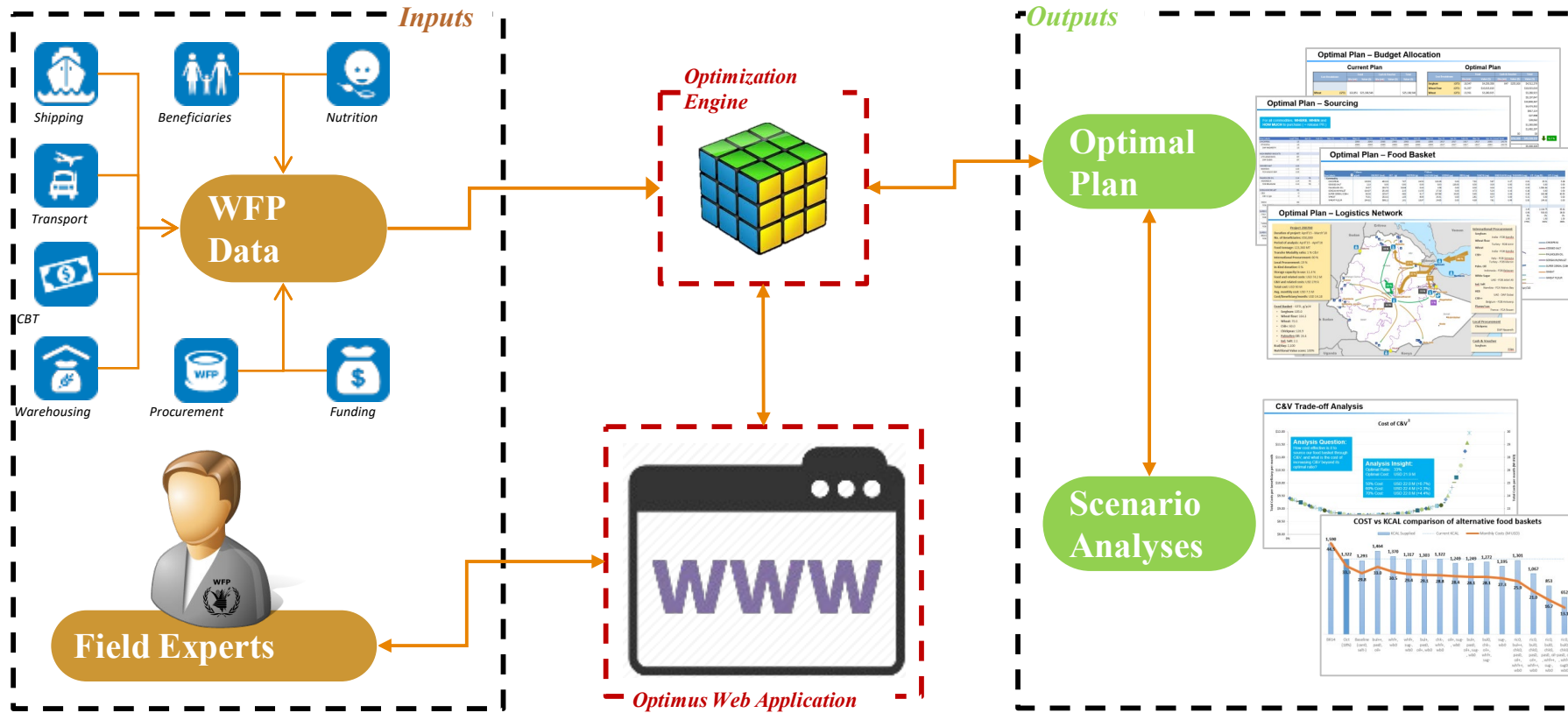
- Palatable restrictions

Food Group	Min rat (g/p/d)	Max rat (g/p/d)
Cereals & Grains	250	500
Pulses & Vegetables	30	130
Oils & Fats	15	40
Mixed & Blended Foods	0	60
Meat & Fish & Dairy	0	40

- International / Regional / Local
- Different and multiple objectives
- Dietary diversity score, development, agility (e.g. max lead time)



# Software: Optimus



Can be accessed online, allows users to interact with data from a wide range of sources in order to optimize their operation.

# Applications and Benefits



## Application to Iraq - 2015

500,000 beneficiaries per month - 6.57 million USD per month

With the **new** food basket:

- Save **17%** of the total costs: **1.12 million USD per month**
- Or supply **85,000 more** beneficiaries



## Application to Syria - 2016

We could show that there are food baskets possible of:

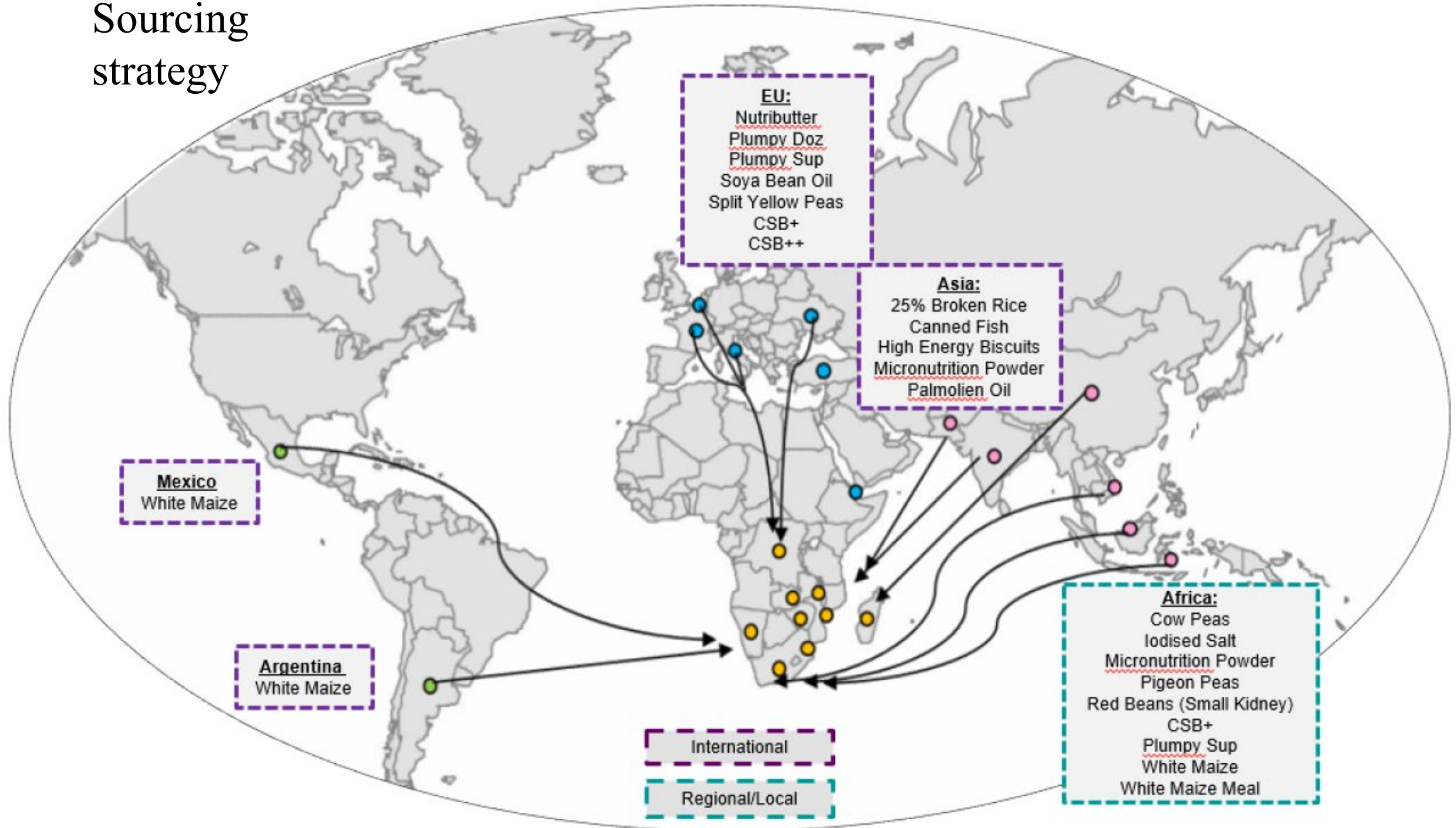
- 96.0% nutritional value at **74%** of the cost
- 97.5% nutritional value at 85% of the cost

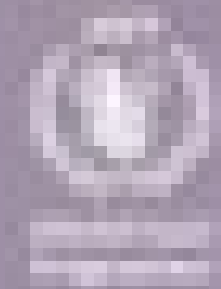
The first option is chosen by WFP in Syria for 2016  
and therefore, **with the same budget,**  
we can feed **1 Million people more**  
than the 4 Million in 2015!



# Application to El Nino crisis

Sourcing  
strategy





Cambridge University Press

# Hospital location optimization in Timor-Leste



**WORLD BANK**



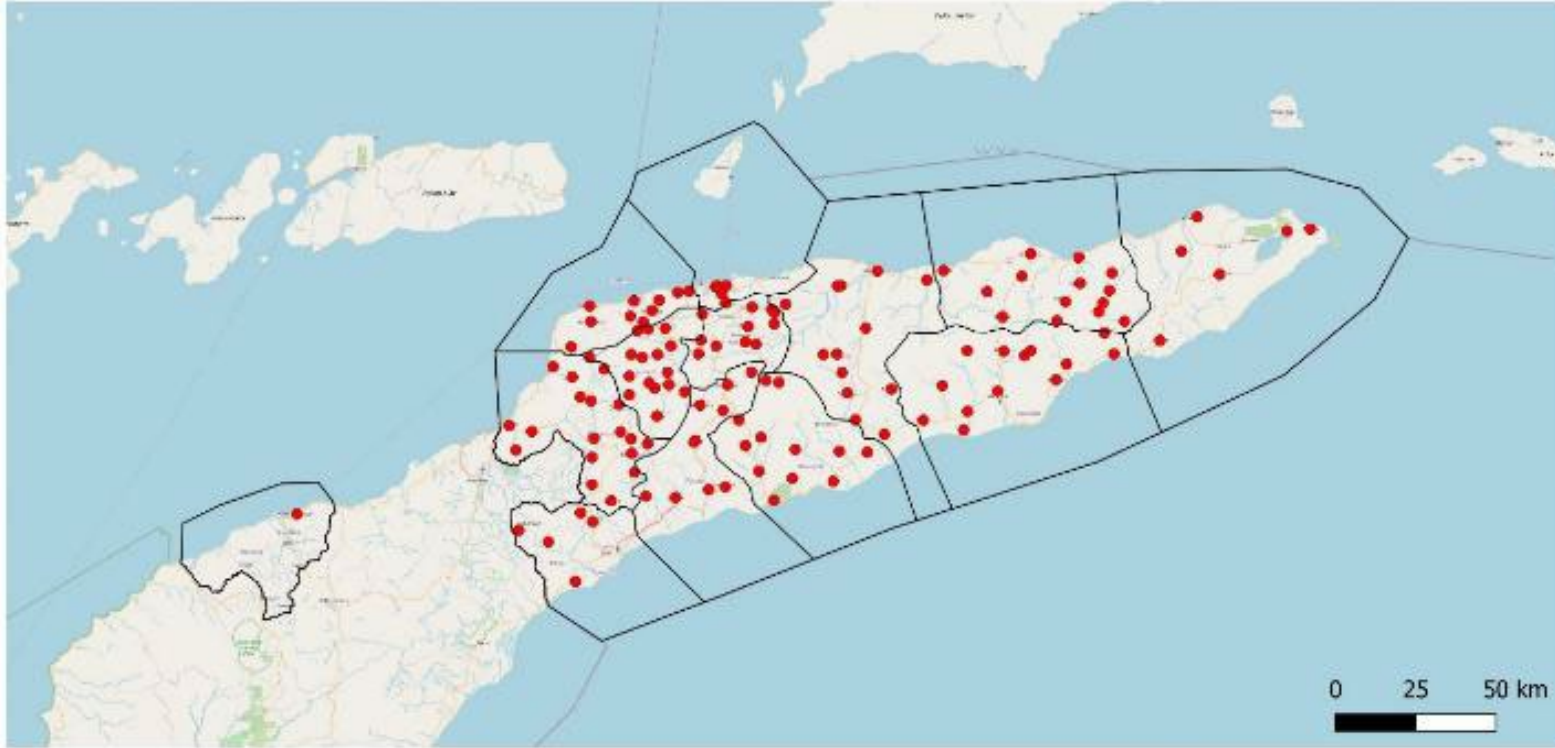


# Timor-Leste





# Find optimal locations of new hospitals



... maximize number of people that can reach a hospital  
within 5 kilometers travel distance.



# Reachability of health care is important



There is a direct link between the distance patients must travel and the reduction of illness and suffering in a country.



If health facilities are located close to patients instead of far away, they tend to use them more.




The distance factor is especially significant in rural Third World settings



# G E O S P A T I A L P L A N N I N G & B U D G E T I N G P L A T F O R M

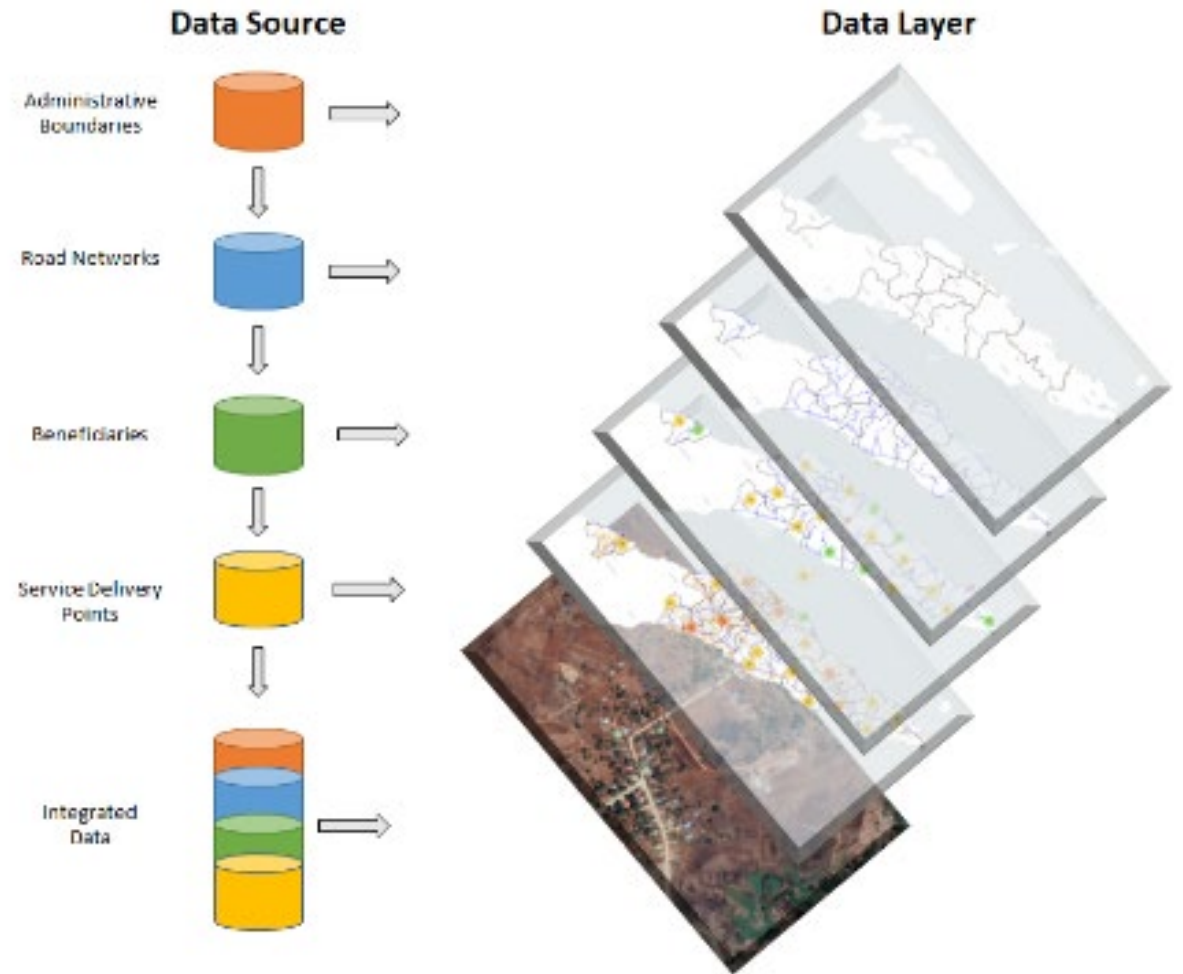
THIS INTERACTIVE SITE ALLOW USERS TO EXAMINE KEY SPATIAL LAYERS RELATED TO FACILITY LOCATION, ROAD NETWORK CONSOLIDATIONS, POPULATION DISTRIBUTION, ADMINISTRATIVE BOUNDARIES, RISK LAYERS (E.G., FLOODING), AND SATELLITE IMAGERY.

 [TIMOR-LESTE BASIC HEALTH CARE ACCESS](#)

 [VIETNAM STROKE VICTIM HEALTH CARE ACCESS](#)

# Necessary data layers

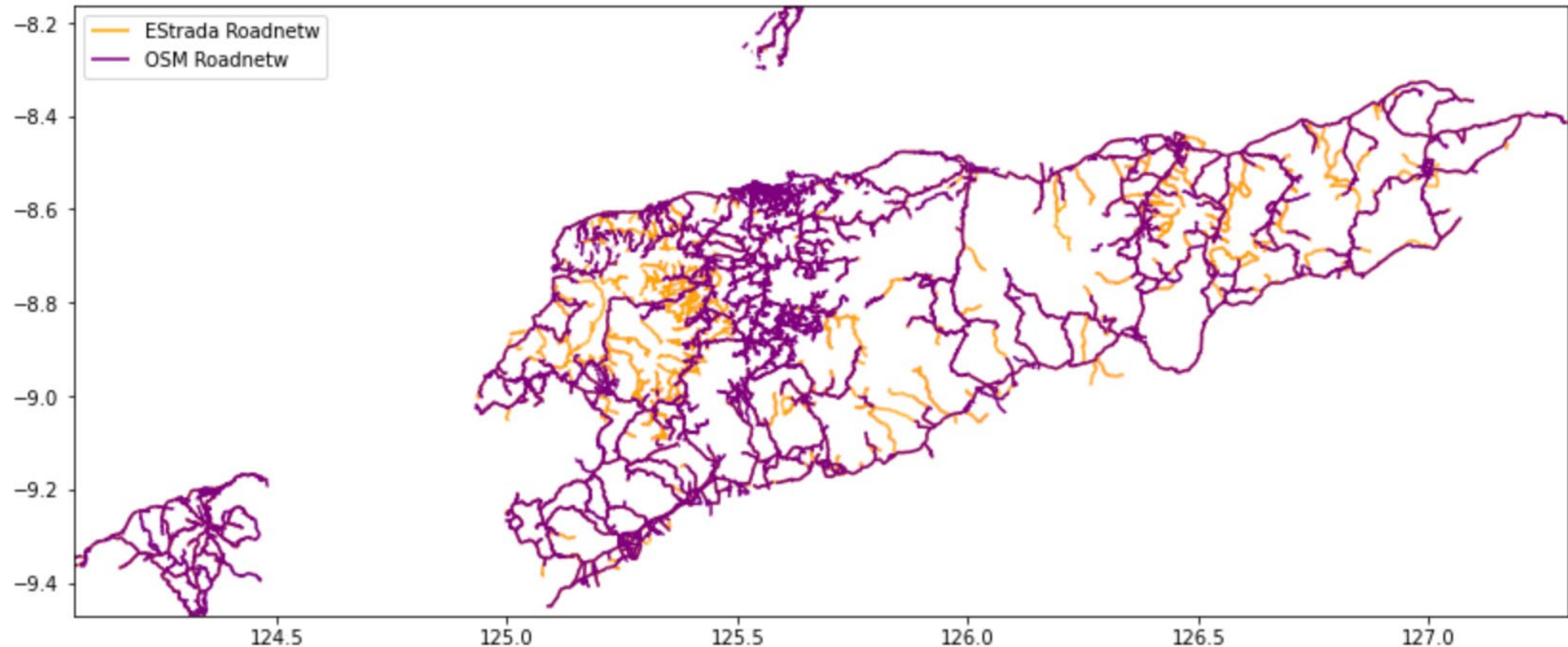
- Beneficiaries
- Currently located hospitals
- Potential hospital locations
- Road network





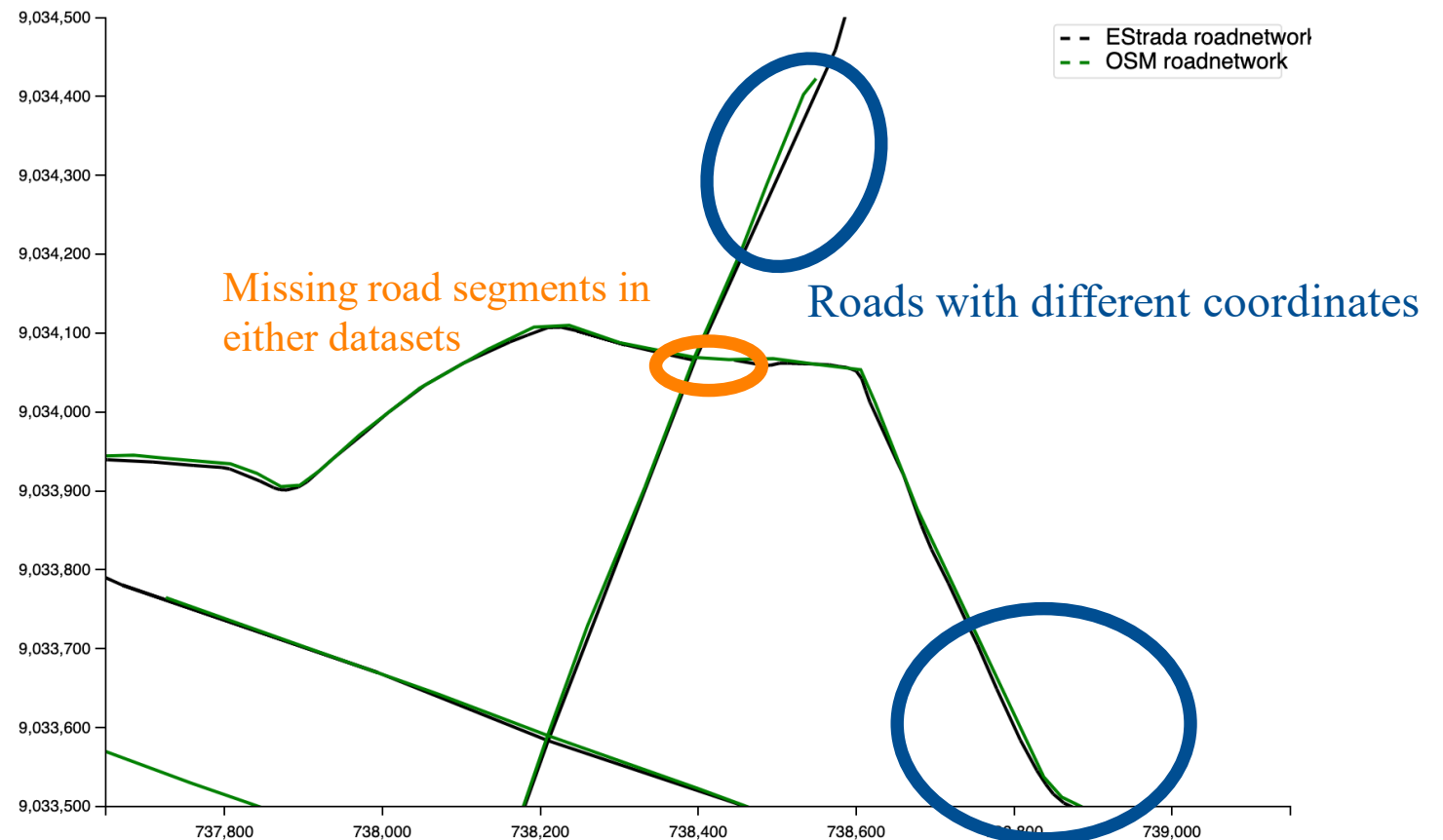
# Merging road networks

Combining OSM and eStrada. This is very useful.



## Problem: they have overlap, but with different coordinates

- Resulting in roads being included twice in the dataset
- Roads don't have the exact same coordinates, but refer to the same road



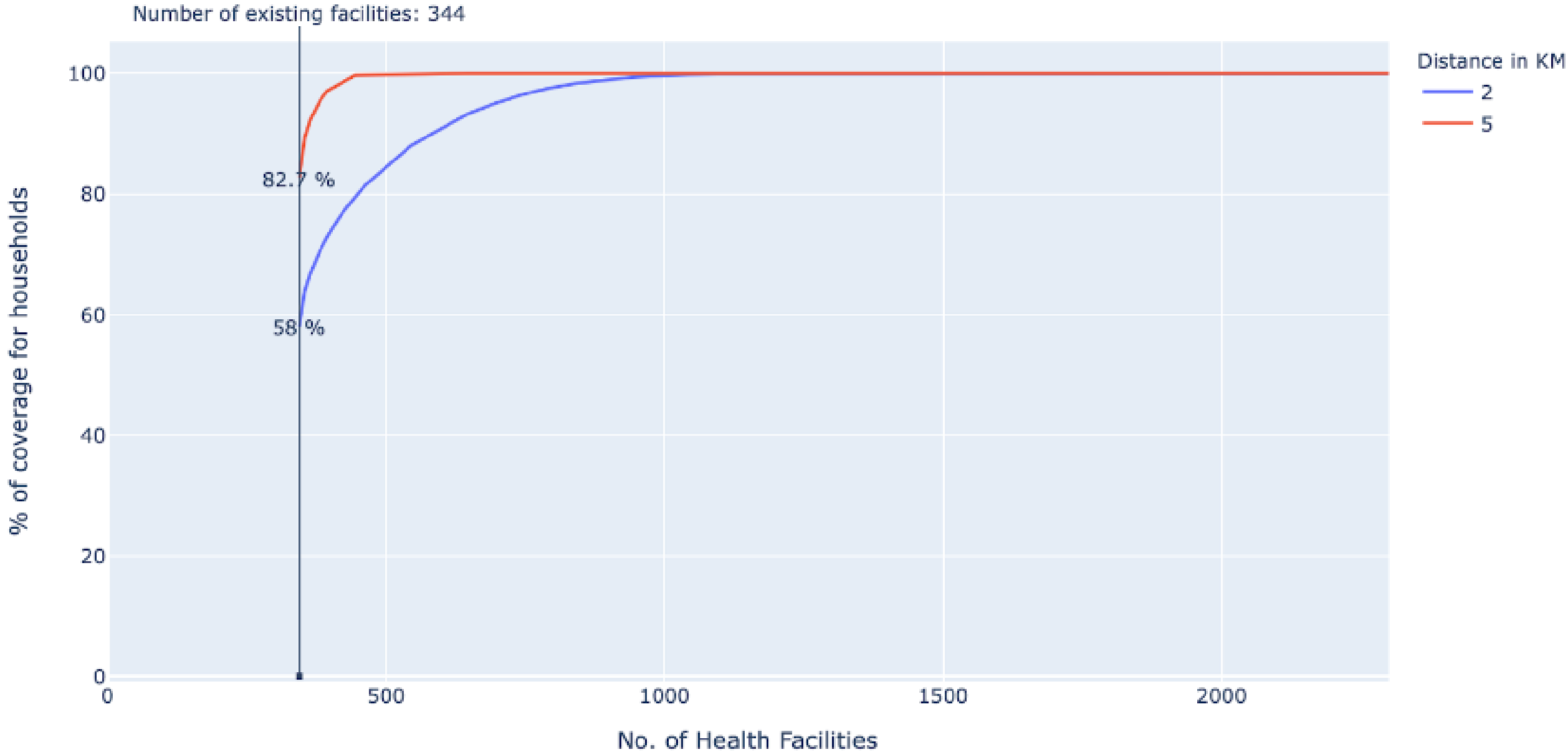


# Optimization model

- Uncapacitated facility location model
- Mixed integer linear optimization model
- Large problem: 15,000 possible locations, 40,000 household locations
- Solver: Gurobi
- Time: < 1 minute

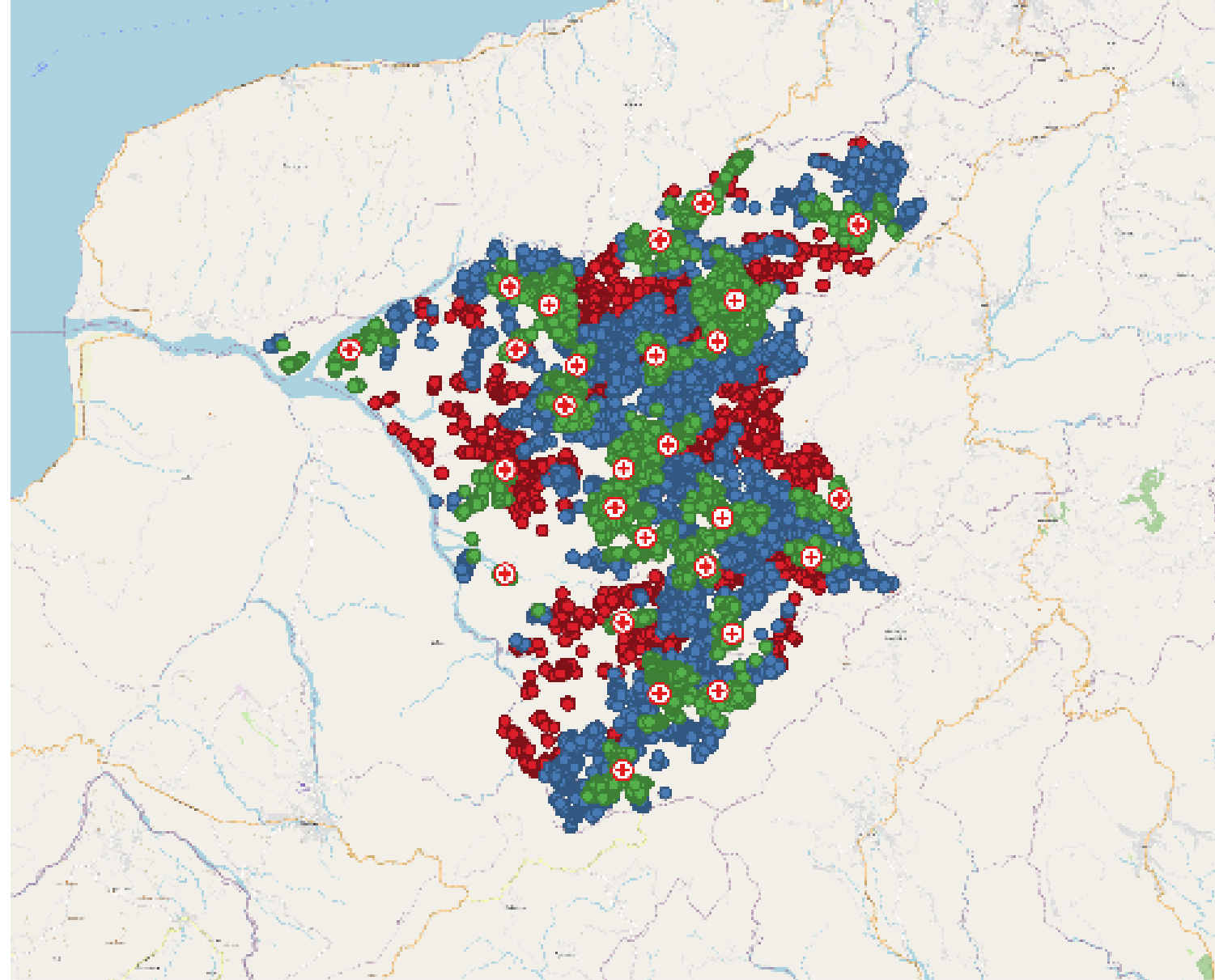


# Results



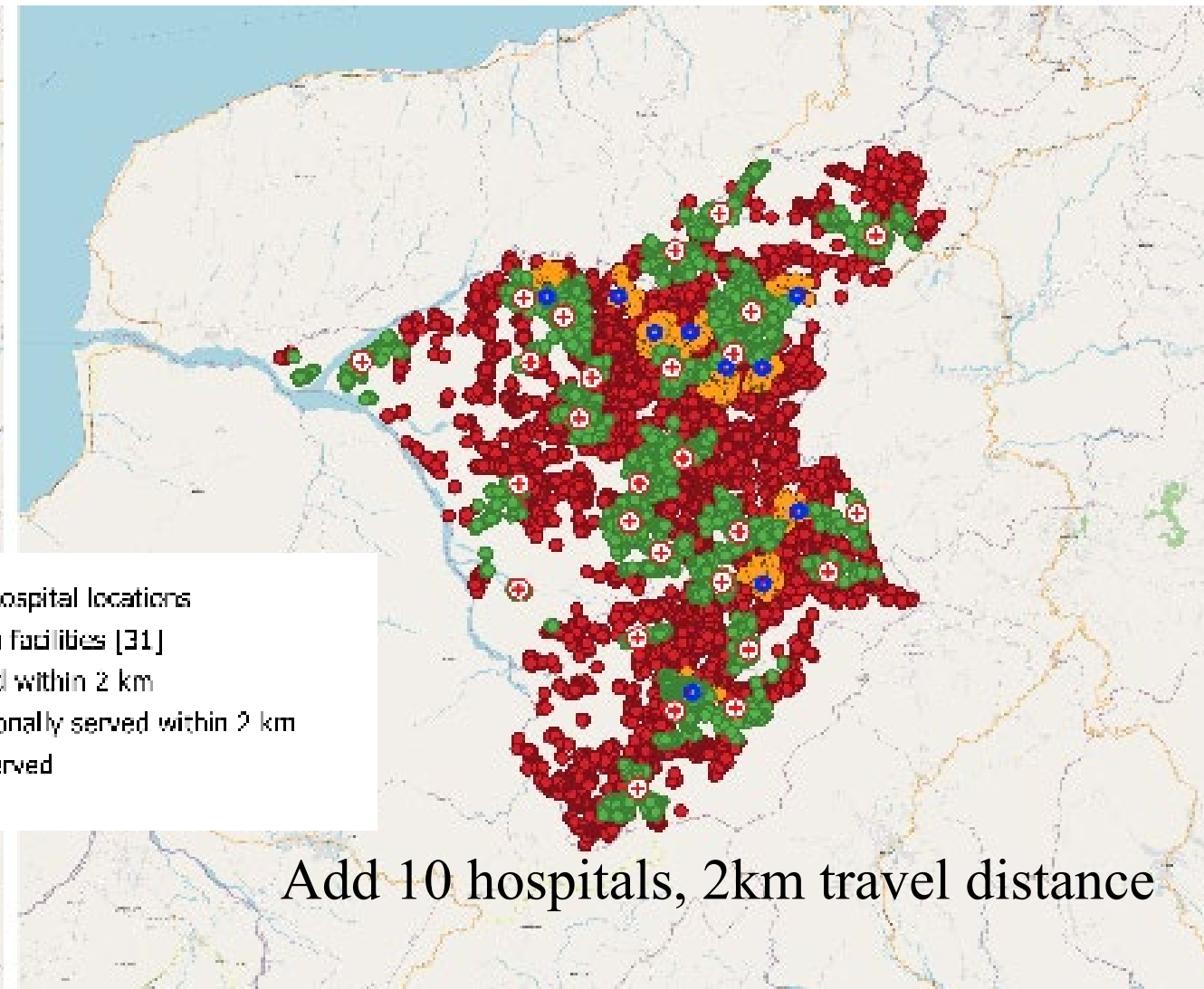
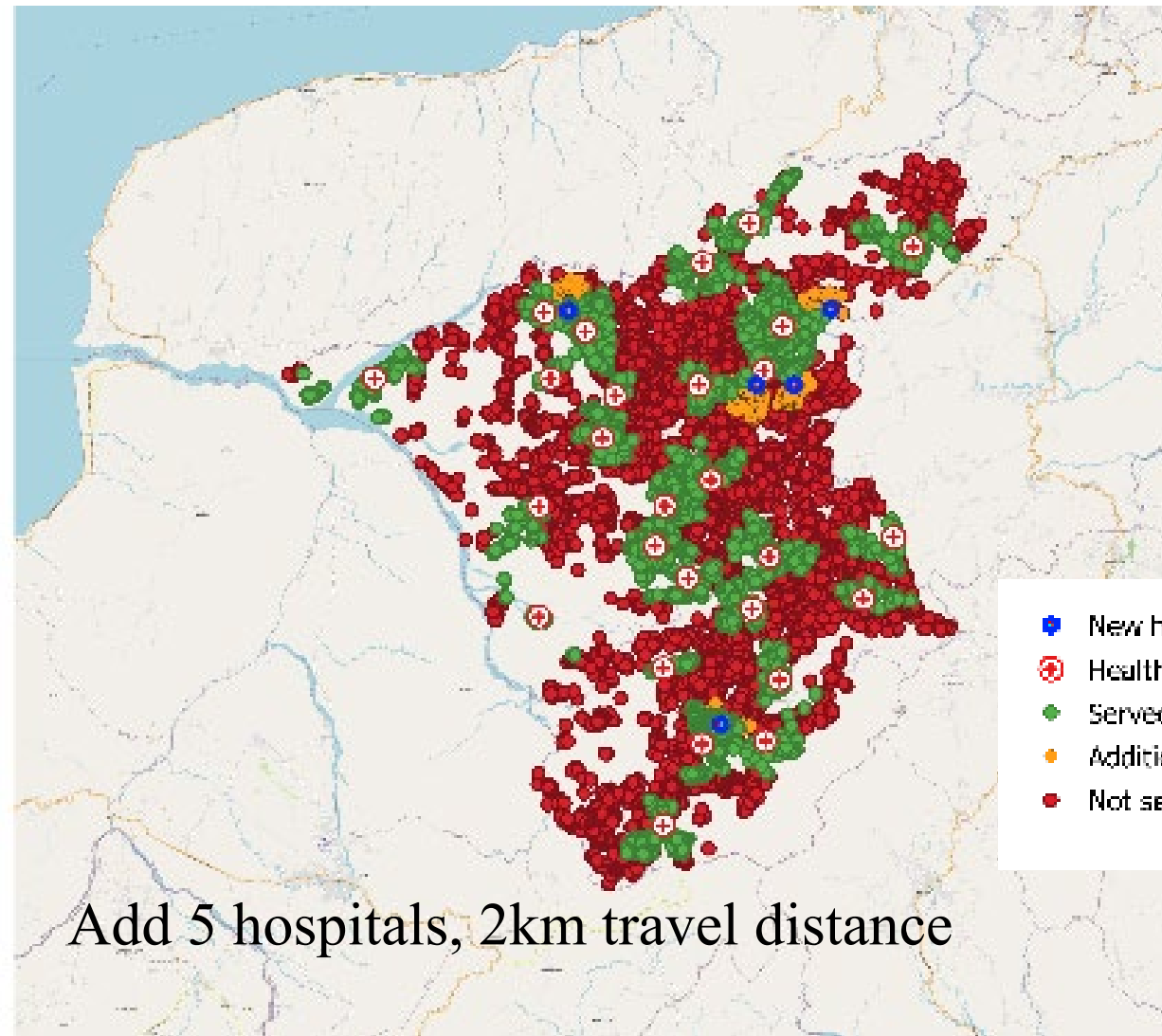
# Ermera

Households  
within 2 kilometers (green)  
or 5 kilometers (green + blue)  
from existing hospitals



- Health facilities [31]
- Served within 2 kilometers
- Served within 5 kilometers
- Not served





- ★ New hospital locations
- ⊕ Health facilities [31]
- Served within 2 km
- Additionally served within 2 km
- Not served



# Analytics for a Better World - Institute







# UN Sustainable Development Goals





## ABW - Institute

- Impactful projects
- Worldwide seminar series
- Repository
- Academy
- Scientific journal
- Courses in Bachelor and Master Programs



UNIVERSITY OF AMSTERDAM

**ORTEC**



**Massachusetts Institute of Technology**



# Thank you!

*Acknowledgement: Several of the slides are (adapted) from slides made by Hein Fleuren and Koen Peters.*





# Optimization of dike heights



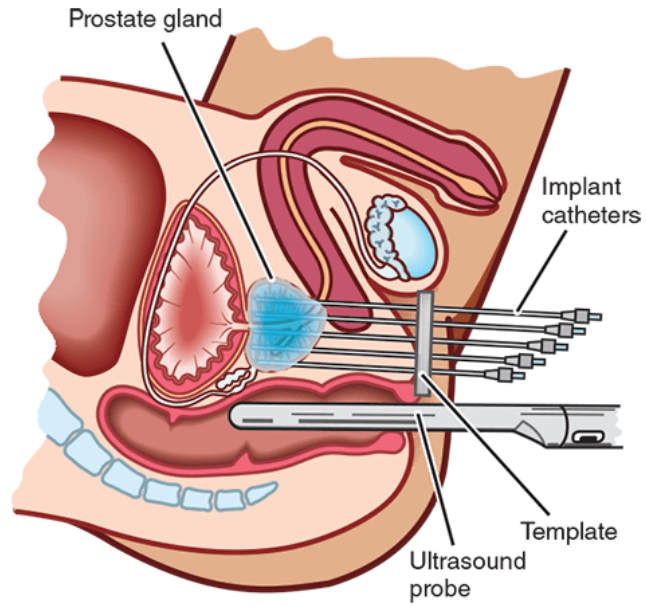


# Optimization of radiotherapy





# Optimization Brachytherapy







# Analytics for Zero Hunger



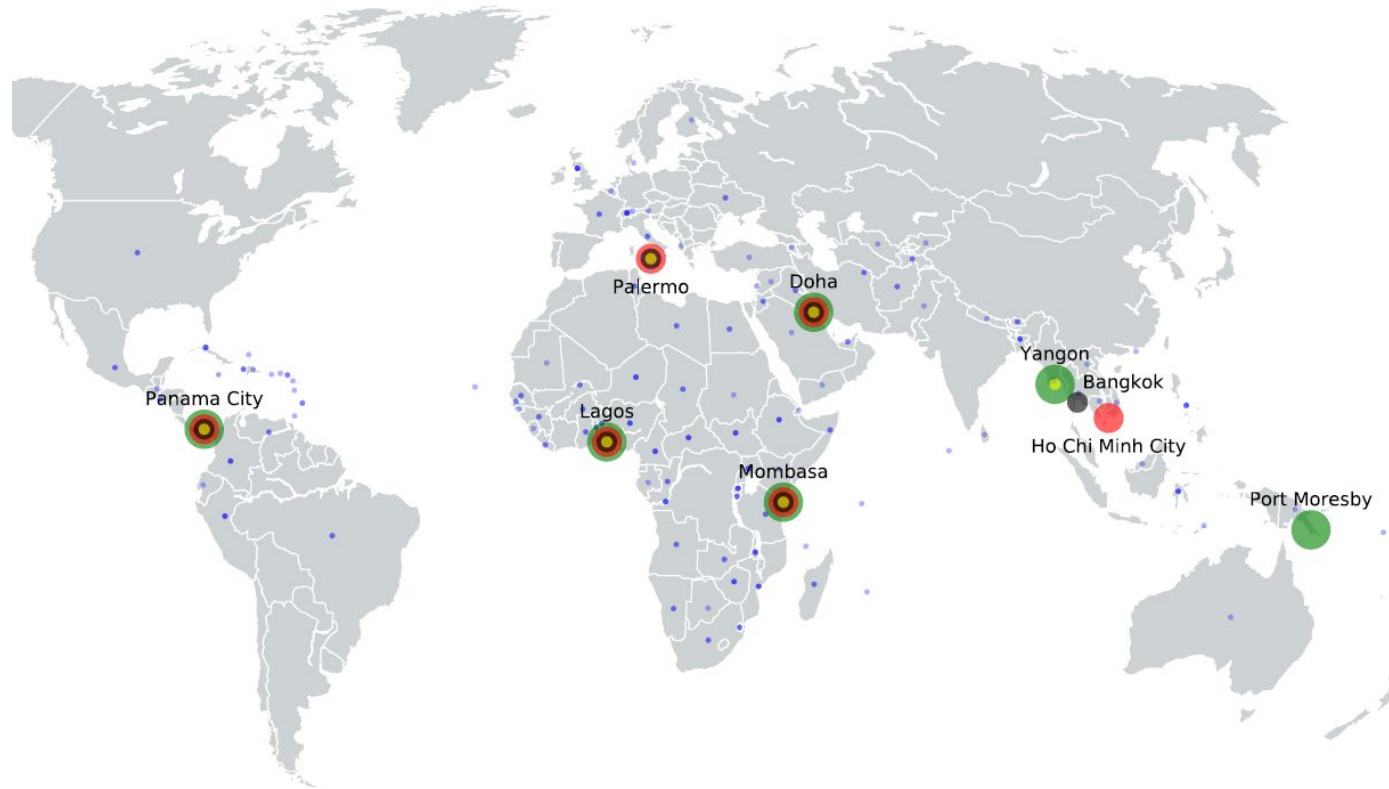
Nutrition Facts	
Serving size	1 potato (148g/5.2oz)
Amount per serving	
<b>Calories</b>	<b>110</b>
	% Daily Value*
Total Fat 1g	0%
Saturated Fat 0g	0%
Total Carb 2g	0%
Dietary Fiber 1g	0%
Sodium 0mg	0%
Total Crap 1g	0%
Crap 1g	7%
Total Sugar 1g	0%
*Percent Daily Values are based on a diet of complete laziness.	



# Investment infrastructure Timor Leste



# Optimal Locations UN Humanitarian Response Depots





# Optimizing feed for cattle for small farmers

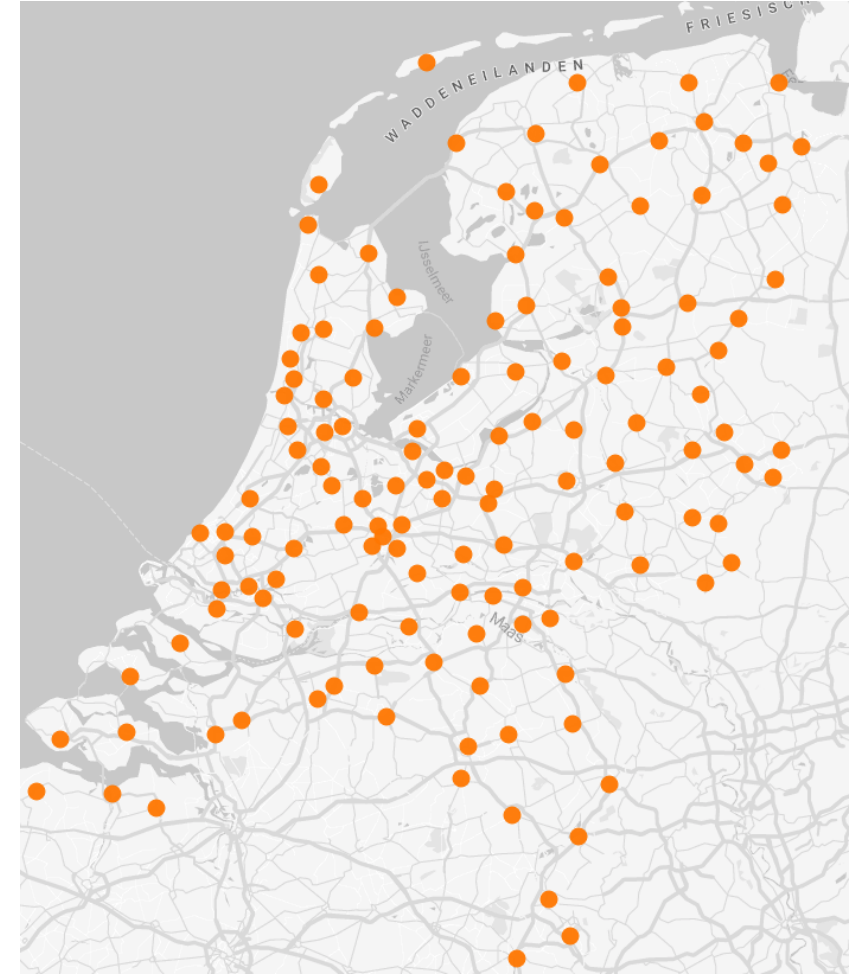
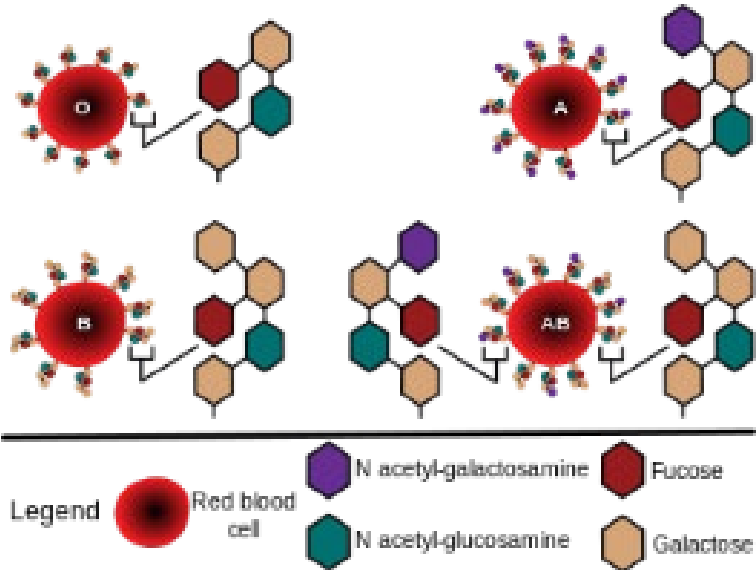


Total Feedcalculator  
users

3107



# Optimizing blood supply chain in NL



Source: Sanquin website



# Thank you!

*Acknowledgement: Several of the slides are (adapted) from slides made by Hein Fleuren and Koen Peters.*



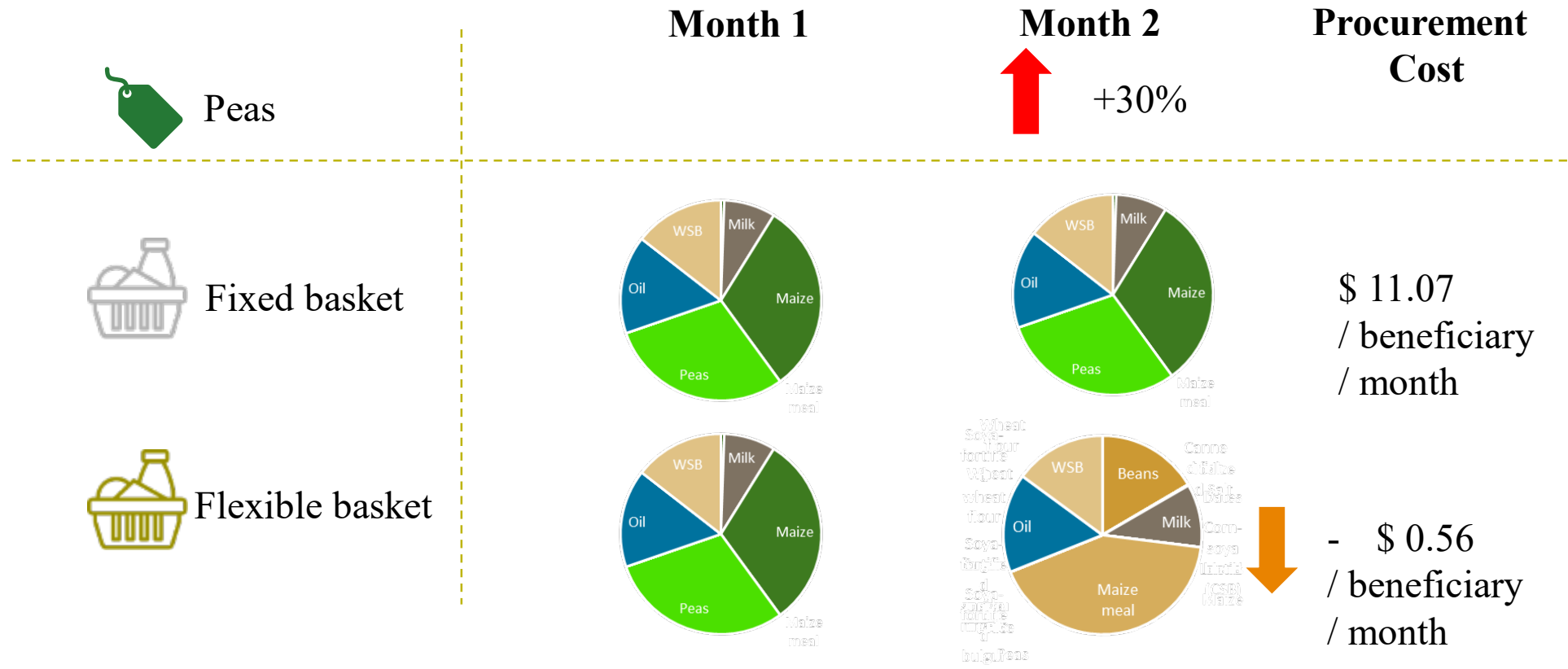
# Comparing procurement costs of a flexible basket to a fixed basket plan

**Scenario:** The price of Peas increases by 30 percent regionwide in month 2



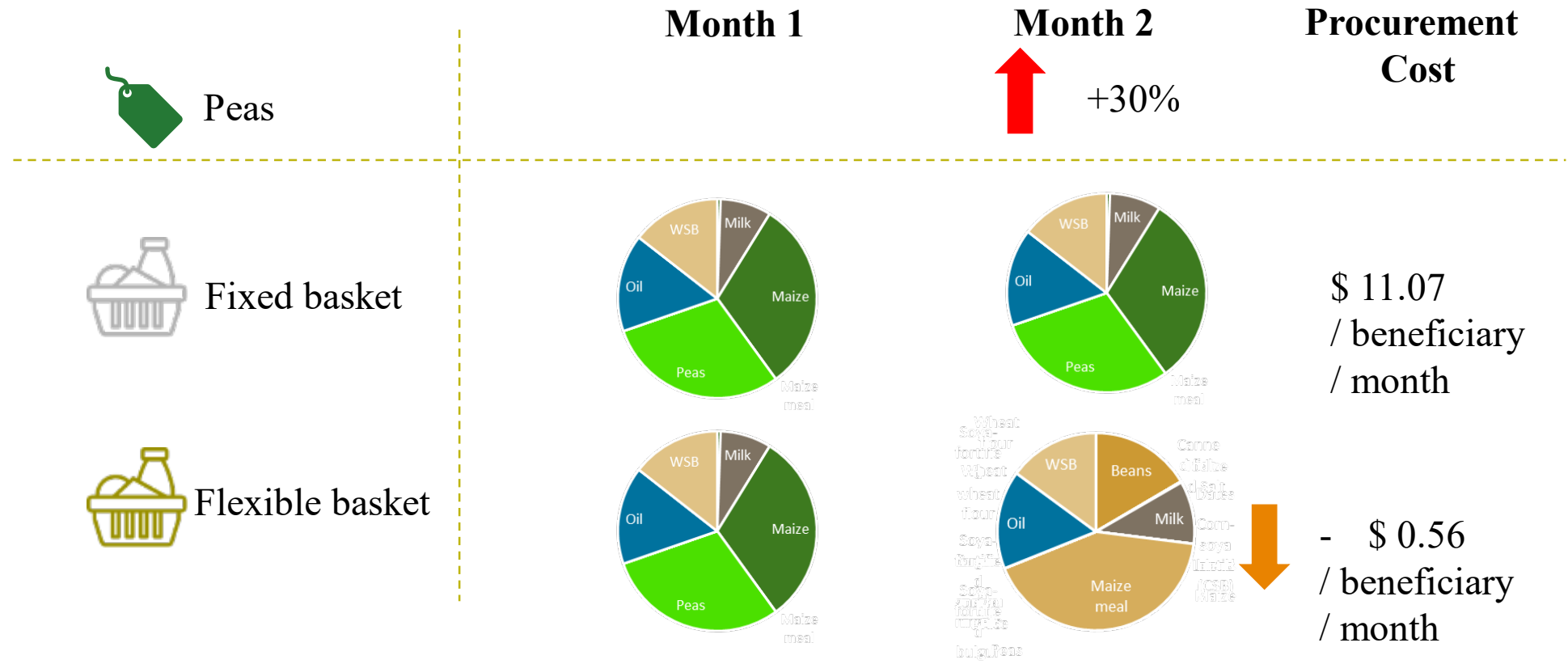
# When prices rise, the flexible food basket adapts to be most cost-effective

**Scenario:** The price of Peas increases by 30 percent regionwide in month 2



# When prices rise, the flexible food basket adapts to be most cost-effective

**Scenario:** The price of Peas increases by 30 percent regionwide in month 2

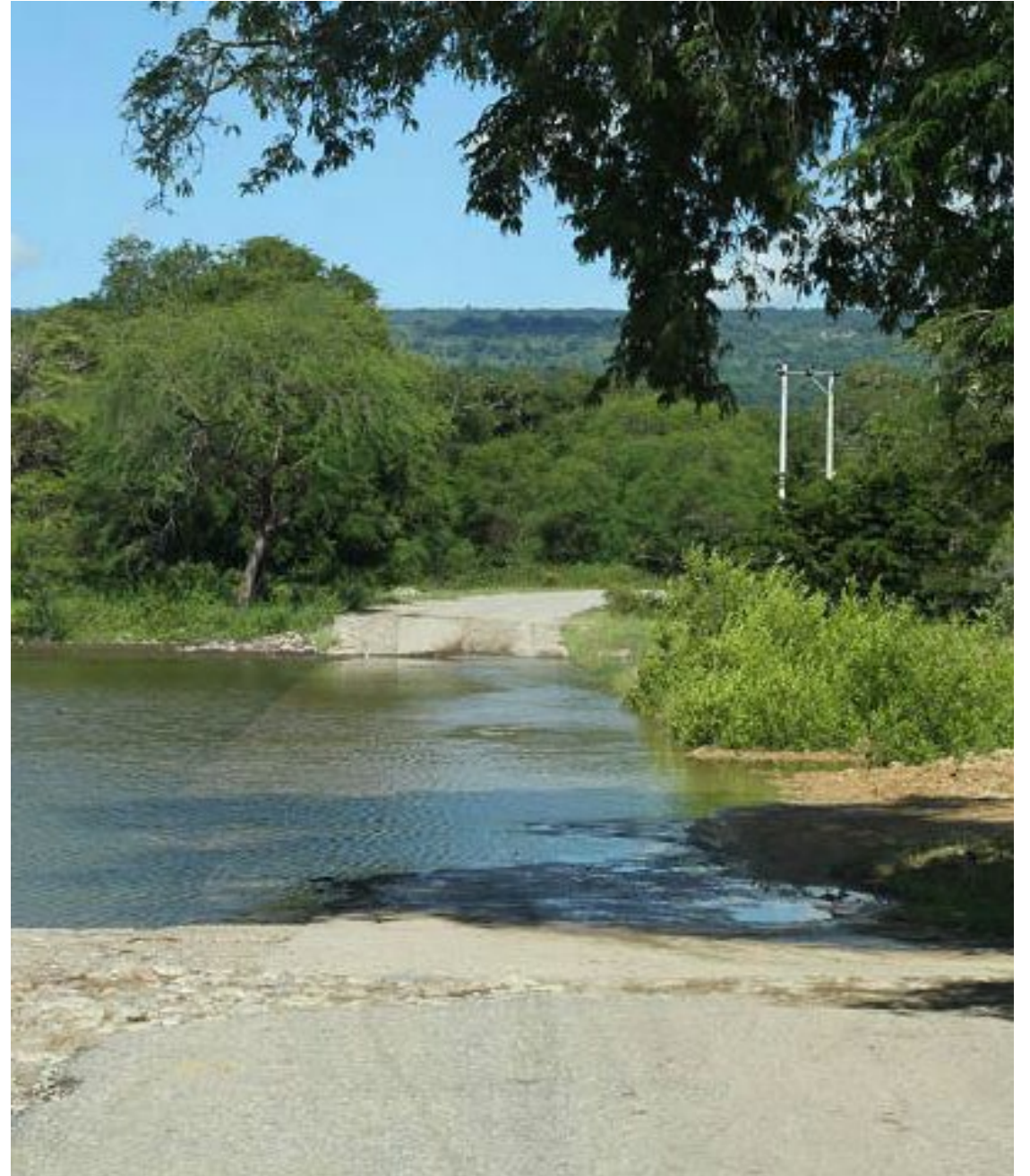






## Extensions for future

- Take flooding into account



## Extensions for future

- Where should roads be added or improved to improve hospital accessibility?





## Extensions for future

- Use the tool for other kinds of facility locations, e.g. schools





## Extensions for future

- Apply to other countries:
  - Vietnam: Stroke & Heart Attack centres
  - Nepal: Covid-19 test centres



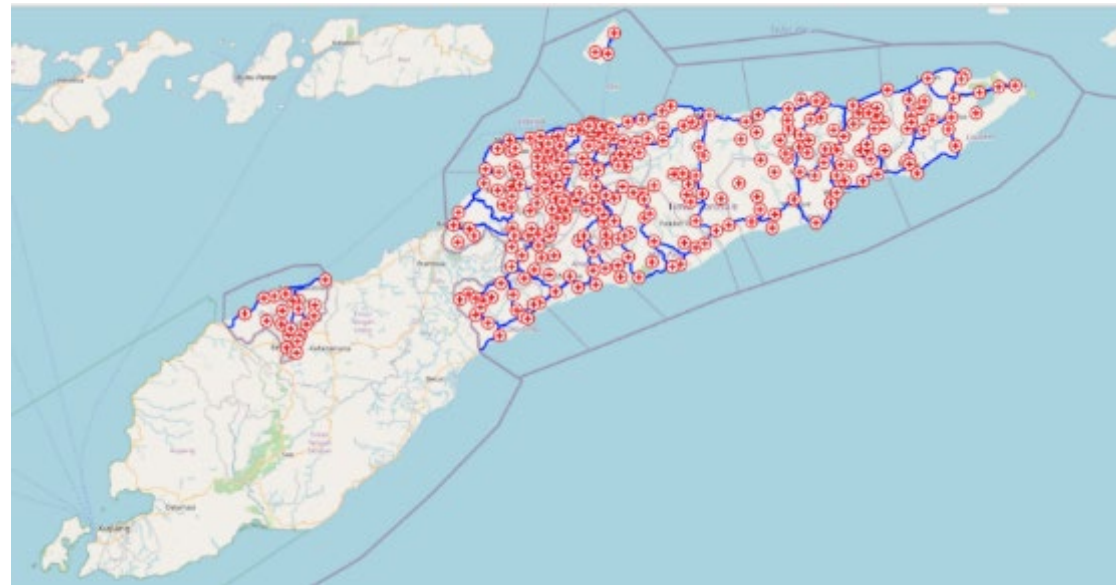


Mathematical Model



Hospital location optimization in Timor-Leste

The goal is that as many people as possible are able to reach a healthcare facility within a preset maximum travel distance.



**Step 1:**  
**Define the variables needed for the model**





# Variables & Parameters

## Sets

$I$  = Index set of households,  $i = 1, \dots, n$

$J$  = Index set of all hospital sites, where indexes  $j = 1, \dots, m$  are corresponding to the already existing hospitals and indexes  $j = m + 1, \dots, M$  are corresponding to potential hospital locations

## Parameters

$v_i$  = the number of people in household or cluster of households  $i$

$d_{ij}$  = travel distance from household (or cluster)  $i$  to hospital facility  $j$

$S$  = the maximum travel distance from a household to a hospital

$p$  = the number of additional hospitals located

## Variables

$x_j$  =  $\begin{cases} 1 & \text{if hospital } j \text{ is opened} \\ 0 & \text{otherwise} \end{cases}$

$y_{ij}$  =  $\begin{cases} 1 & \text{if demand at node } i \text{ is served by hospital } j \text{ and } d_{ij} \leq S \\ 0 & \text{otherwise} \end{cases}$

# Step 2: Define the objective of the model





# Objective

- The goal is that as many people as possible are able to reach a healthcare facility.
- We maximize the number of people that are served by a healthcare facility.

$$\max \sum_{i \in I} \sum_{j \in J} v_i y_{ij}$$



# Step 3: Define the constraints of the model







# Optimization model

$$\max \sum_{i \in I} \sum_{j \in J} v_i y_{ij}$$

Such that:

1. The already existing hospitals are included in the model as opened

$$x_j = 1 \quad \forall j = 1, \dots, m$$

2. The number of hospitals additionally opened is at most  $p$

$$\sum_{j=m+1}^M x_j \leq p$$

3. Only assign people to a facility if that facility is opened

$$\sum_{i \in I} y_{ij} \leq n x_j \quad \forall j \in J$$

4. People can only be assigned to one hospital

$$\sum_{j \in J} y_{ij} \leq 1 \quad \forall i \in I$$

5. People are not served by a facility if the travel distance to the facility is higher than the maximum travel distance

$$y_{ij} = 0 \quad \forall i \in I, \forall j \in J, d_{ij} > S$$

6. The decision variables are binary

$$x_j, y_{ij} \in \{0,1\} \quad \forall i \in I, \forall j \in J$$