



# SUPPLY CHAIN HUMAN RESOURCES: Moving from advocacy to country-based change

# Overview

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- **Introduction**
- **The Five W's of HR for SCM strengthening**
  - Who, What, Where, When, Why questions
- **Overview of PtD**
  - Country highlights
  - New country partnership program
  - The Namibia experience
- The **How of HR for SCM strengthening**
  - Small group discussions
- **Closing**

# Rules of the game

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- **Mobile polling**
- Audience responds by
  - **Website:** [PollEv.com/dominiquezwi014](http://PollEv.com/dominiquezwi014)
  - **Text messaging:** [dominiquezwi014](http://dominiquezwi014) once to [22333](http://22333) to join the session, then text A, B, C....
- We recognize that most of the answers will be applicable, but please choose **ONE** answer

# **Who ultimately has the responsibility for developing and maintaining a qualified public health supply chain workforce?**

- A. The Ministry of Health**
- B. The Ministry of Education**
- C. Funding agencies**
- D. Implementing partners**
- E. The Private Sector**
- F. Other**



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# **What is the greatest challenge/constraint to public health supply chain workforce strengthening in lower and middle income countries?**

- A. Lack of jobs requiring SC qualifications**
- B. Lack of accredited SC educational opportunities**
- C. Retention of SC professionals in public health settings**
- D. Lack of overall SC workforce strengthening strategy in a country**
- E. An environment not conducive to high performing supply chains**
- F. Other**



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# Where should HR for SC strengthening take place in LMICs?

- A. On the job/coaching/mentoring**
- B. Academic institutions/technical colleges**
- C. Centers of excellence**
- D. Private training centers**
- E. Professional associations**
- F. Other**





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**At what level should HR for SCM be discussed for sustainable change to occur?  
(Who are the drivers of change?)**

- A. National policy level (health, supply chain strategy, HR policy, etc.)**
- B. Subnational political and administrative levels**
- C. During donor programming**
- D. Leadership level in professional associations**
- E. Other**

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# **Why should HR for SCM be a prioritized area for any public health system?**

- A. To improve information flows from facility level**
- B. To improve warehousing and procurement execution**
- C. To have better leaders and managers to provide SC stewardship**
- D. To enhance performance and accountability**
- E. To maintain continuous product availability**
- F. Other**



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Improving health outcomes by promoting sustainable workforce excellence in health supply chain management

Dominique Zwinkels, Executive Manager PtD

# WHO is PtD?

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## Global Partnership



### VISION

We envision a world where health supply chain workforces are empowered and equipped to optimize health outcomes by improving access to health commodities.

pharmaceutical  
systems africa

pwc

unicef

VILLAGE REACH  
Counting of the Last Mile

Gavi  
The Vaccine Alliance

BIOFORD  
FORUM & RECOMMENDATIONS  
INTEGRATING & DEVELOPING

JSI  
John Snow, Inc.

The Global Fund  
To Fight AIDS, Tuberculosis and Malaria

The Chartered  
Institute of Logistics  
and Transport

IMPERIAL  
HEALTH SCIENCES

fip

Reproductive Health  
Supplies Coalition

MINISTRE DE LA SANTE

UNFPA

MIT

USAID  
FROM THE AMERICAN PEOPLE

GLOBAL HEALTH SUPPLY CHAIN COALITION

CHEMONICS



# Mission and strategic goals

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## MISSION

Promote global awareness, generate evidence-based approaches, and catalyze national capacity to plan, finance, develop, support and retain national health supply chain workforce through global partnership.

## STRATEGIC GOALS

### ACHIEVE

global recognition that supply chains require a competent and supported supply chain workforce

### PROMOTE

stewardship and leadership at the national level to understand the technical and managerial capacity needs for human resources in supply chain planning, strategy, design, and management

### ADVOCATE

for a common pool of human resources that are appropriately trained with supply chain competencies and qualifications to support supply chain activities across governments, health facilities, and private sector

### CATALYZE

and disseminate evidence-based approaches for human resources for supply chain management that is informed by best practices and responsive to an evolving environment



# More health workers needed

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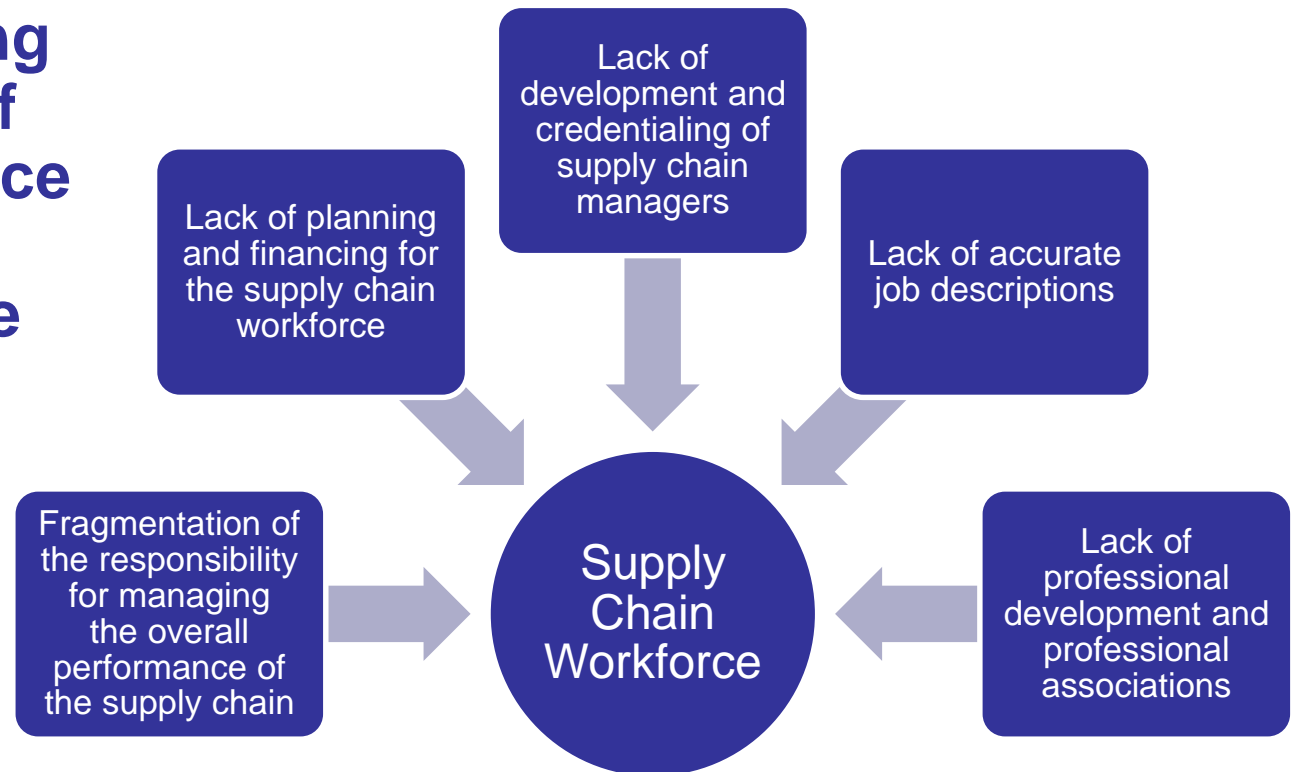
REGION	2013				2030				% CHANGE
	Physicians	Nurses/ Midwives	Other cadres	Total	Physicians	Nurses/ Midwives	Other cadres	Total	
Africa	0.9	1.8	1.5	4.2	1.1	2.8	2.2	6.1	45%
South-East Asia	1.3	3.2	2.5	6.9	1.0	1.9	1.9	4.7	-32%
Grand Total	2.6	9.0	5.9	17.4	2.3	7.6	4.6	14.5	-17%

Global needs-based shortage of health-care workers is projected to be **more than 14 million in 2030**



An increase in commodities moving through a supply chain is typically not accompanied by an increase in human resources

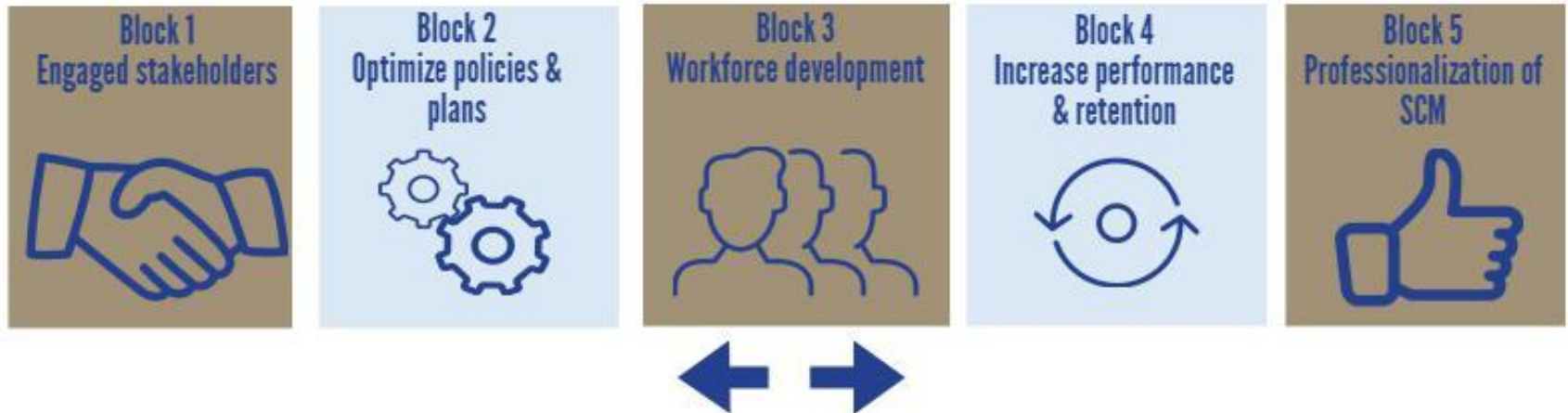
## Factors limiting the maturity of human resource systems supporting the supply chain



# Focus on Professionalization

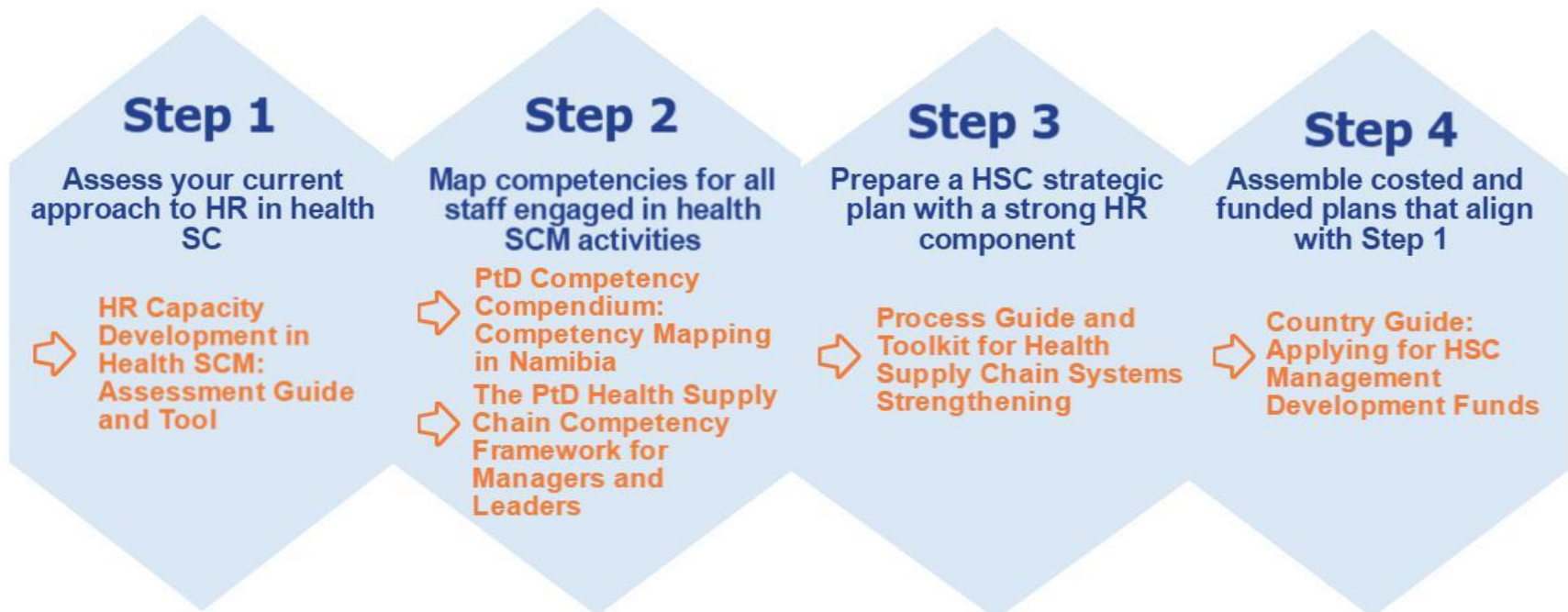
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## The FIVE building blocks of HR for SCM



# Stepped Approach

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# Country Partnership Program

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## Services include:



Initial scoping



Tailored HR for  
SCM assessment



Development of a  
comprehensive HR for SCM  
strategy

Development of a  
competency framework

Development of a  
training plan

USAID DELIVER PROJECT

Human Resource Capacity  
Development in Public Health  
Supply Chain Management:  
Assessment Guide and Tool



January 2014

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MEETING TOMORROW'S HEALTH CHALLENGES THROUGH WORKFORCE EXCELLENCE IN SUPPLY CHAIN MANAGEMENT

**PtD Competency Compendium for Health Supply Chain Management:**

**A reference for health supply chains**

**First edition**

Encompassing the supply chain and logistics activities required  
for effective country-wide operation

An activity of the People that Deliver Technical Working Group

# Country highlights

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# NAMIBIA'S INTEGRATED ACTIONS TO IMPROVE THE HEALTH SUPPLY CHAIN MANAGEMENT WORKFORCE

**Ben Onger, Senior Technical Manager,  
Management Sciences for Health /Namibia**



# Namibia's SCM Workforce is essential to effective delivery of health services

## Namibia key health statistics:-

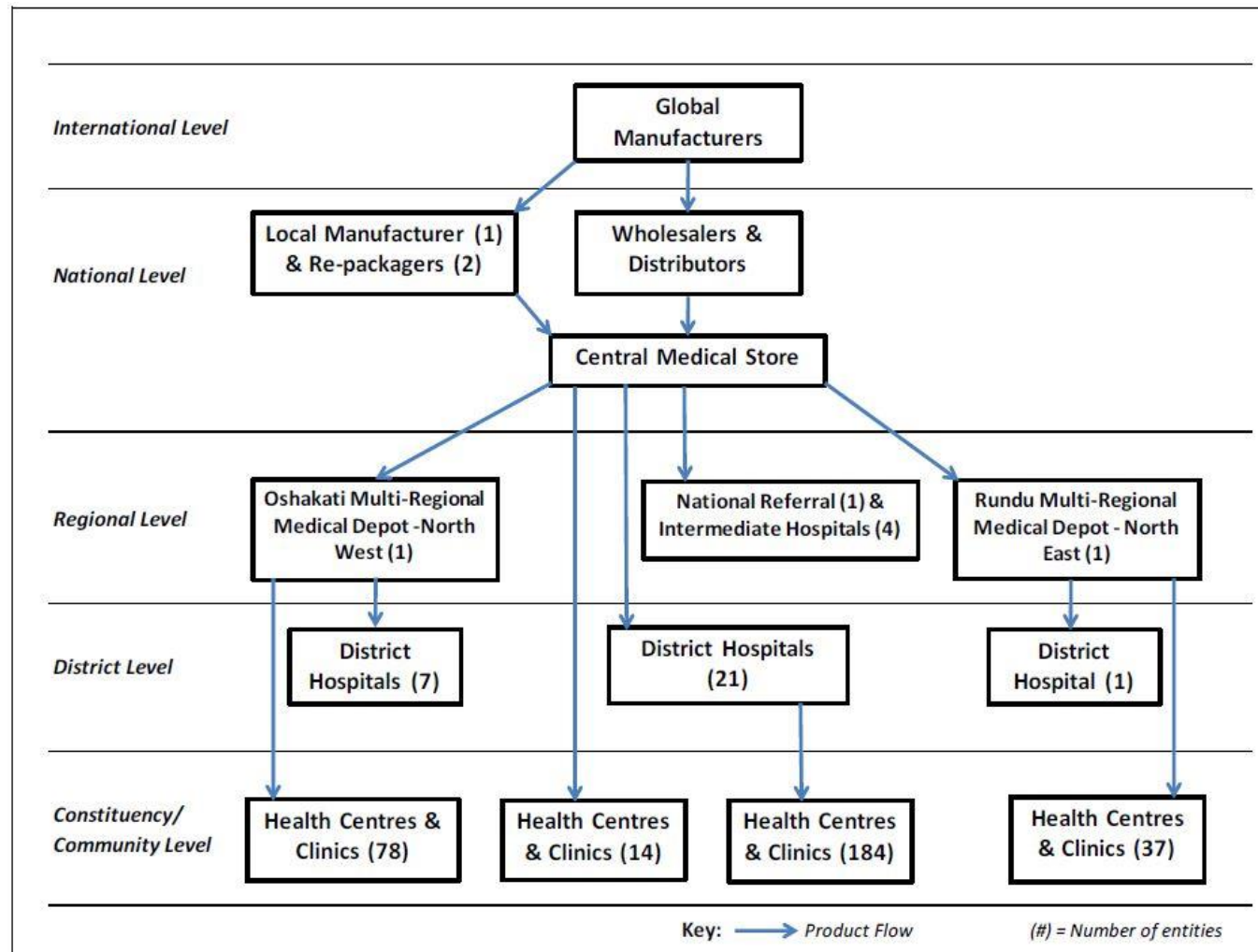
- 16% Adult HIV prevalence (MOHSS, 2015)
- 149,000 Namibians on ART (MOHSS, 2016)
- 4<sup>th</sup> highest TB prevalence worldwide (WHO 2014)
- 12% unmet family planning need; half of pregnancies unintended
- 385/100,000 MMR in 2013 (MOHSS and ICF 2014)
- Low population density across rural, remote and underserved
- MOHSS 90-90-90 strategy, includes meeting all contraceptive need



© Photo by Trevor Snapp / courtesy of IntraHealth International.  
"Grace" takes her ARVs in Omalegefo, Namibia, June 2011.



# Namibia's Public Health Supply Chain



Source: Onger 2015.

# Namibia's Supply Chain Workforce

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**Pharmacists**

**Pharmacist's assistants, Chief  
Clerks/Administrative Officers, Nurses**

**Work Hands (Loaders/ unloaders)**

- 300% increase in procurement with little change in SCM staffing
- Insufficient staff across all levels of the public supply chain
- No HR for SCM policy or plan
- No specific SCM certification
- Lack of HR management tools
- Poor motivation and high-turnover among mid-level supply chain staff

# Outline of Activities & Expected Results

A1.Competency Mapping  
(SCMS)

A2. WISN for PH SCM  
(CapacityPlus)

A3.Rapid Retention/Incentive Study  
(CapacityPlus)

A4.SCPI Program  
(SCMS)

#A5. Partner coordination & documentation of results and lessons learned

Expected Results

Competency Areas &  
Behaviors defined for key  
PH SCM cadres

Critical numbers of  
required PH SCM staff  
identified to effectively  
manage the public  
health supply chain

Incentives to encourage job  
seeking & retention in the public  
health supply chain sector are  
identified and retention  
strategies are costed

Competency-based  
training provided  
based on identified  
skills and knowledge  
gaps

Outputs contributed to  
Activity Standards for  
WISN

Outputs identified facilities  
and cadres requiring salary  
and benefits packages

Outputs identified competencies  
to include in job descriptions and  
in training program

Dissemination of results and lessons learned

# Activity 1: Competency Mapping

## Results

- **Three Competency Frameworks developed**
  - For Pharmacists, Pharmacy Assistants, and Administrative Officers at Central & Regional Medical Stores with 5 domains
  - Founded an overlap in the responsibilities of all three cadres (pharmacists, pharmacist assistants and administrative officers)
- Multiple entities in the MOHSS have supply chain responsibilities but **no one entity has the mandate to oversee end-to-end supply chain operations** and be responsible for SCM performance metrics



## Activity 2: Estimating Staffing Needs at Central and Regional Medical Stores



- **Workload Indicator of Staffing Needs (WISN)** is a WHO-developed method used at the CMS and two RMDs to estimate the required number of pharmacists, pharmacist assistants, and administrative officers.

### ***The WISN exercise:***

Estimated how many staff are required to cope with the workload at the CMS and two RMDs: pharmacists, pharmacists' assistants and clerks

Quantified various shortages and/or surpluses of each category of staff

Showed remarkable shortages at CMS level across all staff categories, and among pharmacist assistants at both CMS and RMD levels



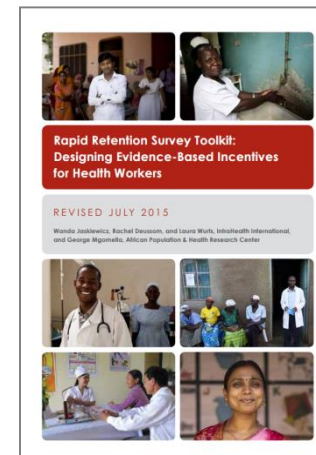
# Activity 3: Rapid Retention Survey (RRS)



- Aimed to recommend strategies to attract and retain priority health supply chain workforce cadres to the public sector, particularly in rural areas
- Applied the Rapid Retention Survey (RRST) (based on the discrete choice experiment [DCE] method) to determine health workers' motivational preferences and importance of different job characteristics

## Key steps

- Determine health worker cadres of interest (pharmacists and pharmacist assistants)
- Identify surveys' job attributes through qualitative methods
- Develop, deploy, and analyze survey
- Develop, cost and present scenarios of potential job packages and retention strategies



## Activity 4: Supply Chain Performance Improvement (SCPI) – Objectives



- **Identify non-compliance** within warehouse operations and **prioritize tasks to promote change** in non-compliance areas
- Leverage **change management** processes to ensure sustainability of the applied changes
- **Identify further capacity building/training needs** for CMS staff in order to improve capabilities in state-of-the-art warehouse regulations and requirements
- **Identify KPIs** against which CMS performance could be benchmarked over the course of the SCPI program and beyond

## The set of five integrated activities aimed to produce:

**Validated competency areas** and behaviors for key staff at CMS and RMD levels

**Estimates of the critical numbers of staff** identified to effectively manage the public health supply chain

**Evidence-based incentives to encourage job seeking and retention** in the public health supply chain sector

**Competency-based training** provided based on identified skills and knowledge gaps for strengthened capacity at CMS

**Technical reports** describing the experience, results, best practices and lessons learned for consideration by other countries' health supply chain workforce

Competency Mapping

WISN

Rapid Retention Survey

SCPI Program

Documenting & Sharing

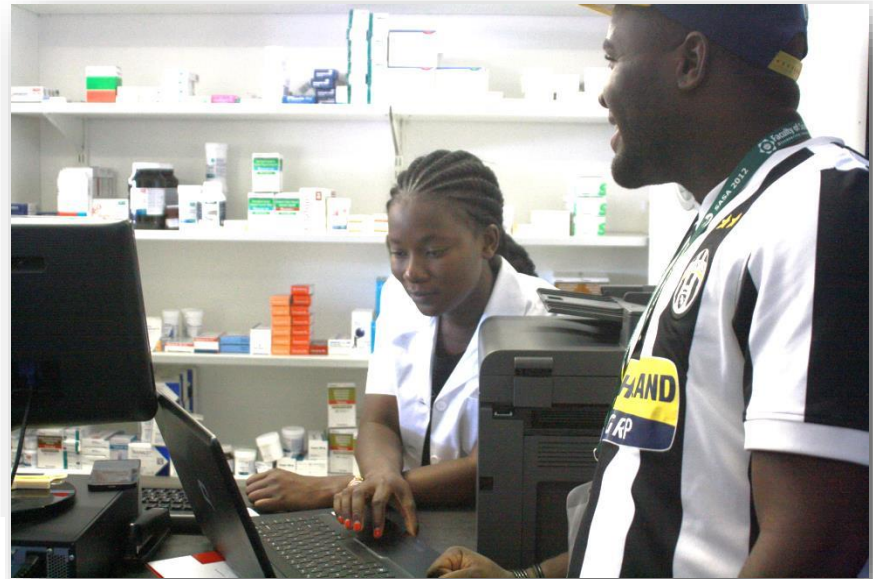


# Overall Recommendations (1)

- **Engage all levels of the supply chain and seek involvement across sectors**
  - Initiate a collaborative process with government officials
  - Create a supply chain workforce steering group representing key stakeholders, public sector entities (e.g., health, education, labor, finance), educational and training institutions, and professional associations
  - Take advantage of external supply chain and HRH knowledge, technical expertise, and financing
- **Integrate results into evidence-based HRH policies, strategies, and plans**
  - Explicitly address the supply chain workforce as critical component
  - Strengthen the HRH management information system
  - Ensure those in public health sector responsible for formulating, reviewing, and approving annual, medium-term, and long-term budgets are well apprised of supply chain workforce needs

# Overall Recommendations (2)

- **Clarify supply chain workforce competencies and career pathways and promote continued professional development**
  - Promote frequent interaction and dialogue between sectors
  - Complete competency mapping at all facility levels
  - Engage appropriate national education and training authorities and institutions in developing new programs
- Create streamlined educational pathways to provide progressive, unified, and continuous competency development



© Photo by Rachel Deussom for CapacityPlus and IntraHealth International. Ebba, a pharmacist at the Corner Pharmacy in the Katutura neighborhood of Windhoek, Namibia, completes a Rapid Retention Survey questionnaire online. February 2015.

## Overall Recommendations (3)

- **Prioritize professionalization of supply chain personnel across the workforce life cycle**
  - Use the PtD competency compendium to guide the development or strengthening of competency frameworks
  - Institutionalize education and training programs that:
    - Provide recognized credentials for supply chain staff and careers in supply chain management
    - Incorporate aspects of supply chain management into the education and training of relevant clinical staff.
  - Develop career pathways that connect education and practice in a stepladder approach
  - Update scopes of practice and job descriptions
  - Create or strengthen national professional associations for staff with supply chain responsibilities

# Questions?



More information? Please visit

[www.peoplethatdeliver.org](http://www.peoplethatdeliver.org)

(new website at the end of September)

- Email: [info@peoplethatdeliver.org](mailto:info@peoplethatdeliver.org)
- PtD Newsletter: “NewsFlash”
- Follow us: Twitter and LinkedIn

## The HOW of HR for SCM strengthening: *Small group discussions*

- **Move to the small group with the question of your choice**
  - **Group 1:** WHO is responsible...? (Ben)
  - **Group 2:** WHAT is the greatest challenge...? (Dominique)
  - **Group 3:** WHERE should HR for SCM take place? (Erin)
  - **Group 4:** At WHAT level should HR for SCM be discussed? (Clinton)
  - **Group 5:** WHY is HR for SCM important to public health? (Kevin)
- **Look at your question and the top two answers**
- **Outline your top three ideas for a report out**