

Enhancing Country-based Change in Human Resources
for Health and Humanitarian Supply Chains –
A Stepped Approach for Capacity Development

PEOPLE
that
DELIVER

Dr Andrew Brown Consultant PtD EM

Mr Abre Van Buuren IHS Africa Supply Chain Academy

Overview



1. The ***People that Deliver Initiative***
WHAT is PtD and HOW does it work?
2. The ***health supply chain workforce***
WHY does it matter?
3. The **HR building blocks for SCM**
Explaining a systematic approach
4. Making ***country based change*** happen
Tools & approaches for sustained improvement.
5. Application in the PtD focus country ***Namibia***

1. The People that Deliver Initiative



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

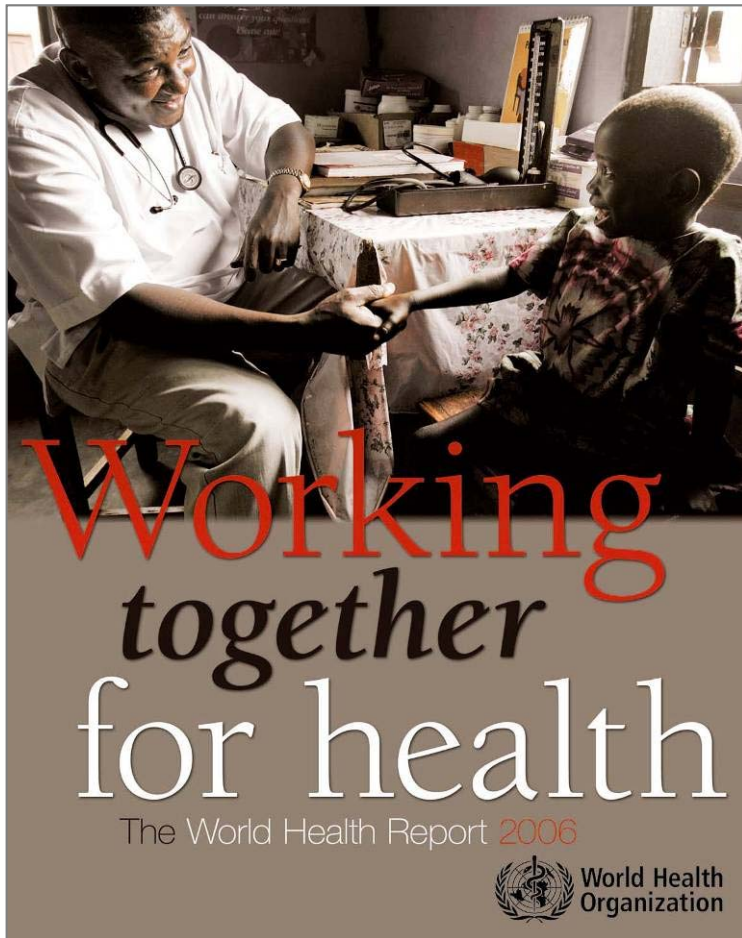
70+

member
organizations

- country governments
- international agencies
- academic institutions
- implementing partners
- Non-governmental organizations
- private companies

2. Global shortage of health workers

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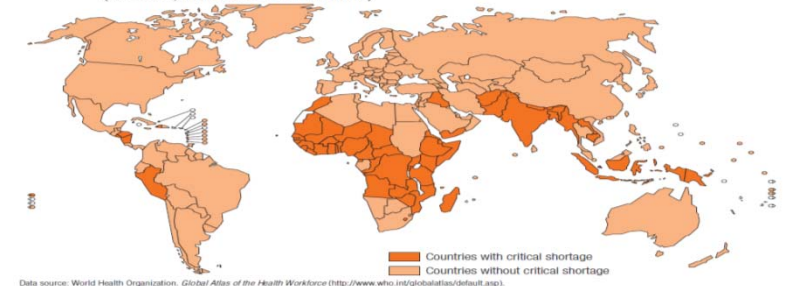
Shortage of 4.3 million health workers globally

2.4 million doctors, nurses and midwives

1.9 million management and support staff, including health administrators, managers, and logisticians

57 countries with critical shortages

Figure 3 Countries with a critical shortage of health service providers (doctors, nurses and midwives)



'Imagine' health worker video:
<http://www.youtube.com/watch?v=tCSmIYmPOi4>

2. A change in approach is needed

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Underqualified & disempowered staff managing public health supply chains



Supply chains poorly managed and insufficiently resourced

Poor availability of health commodities at facilities, wasted resources



Underperforming health programs and unachieved health goals

"When you use a nurse or a physician as a logistician, you lose the nurse or physician and you don't get a good logistician!" Prof. Saracino, former Minister of Health, Côte d'Ivoire

2. The desired paradigm for HR in SCM

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Characteristics

- Long term focus
- **Requires reform of perceptions, policies and practices**
- Converts existing expenditures into investment
- **Capacity benefits accumulate over time**
- Inherently sustainable and country-driven

2. Immunisation supply chain: an interconnected system involving flows of goods, funds and data



An interconnected system involving flows of goods, funds and data

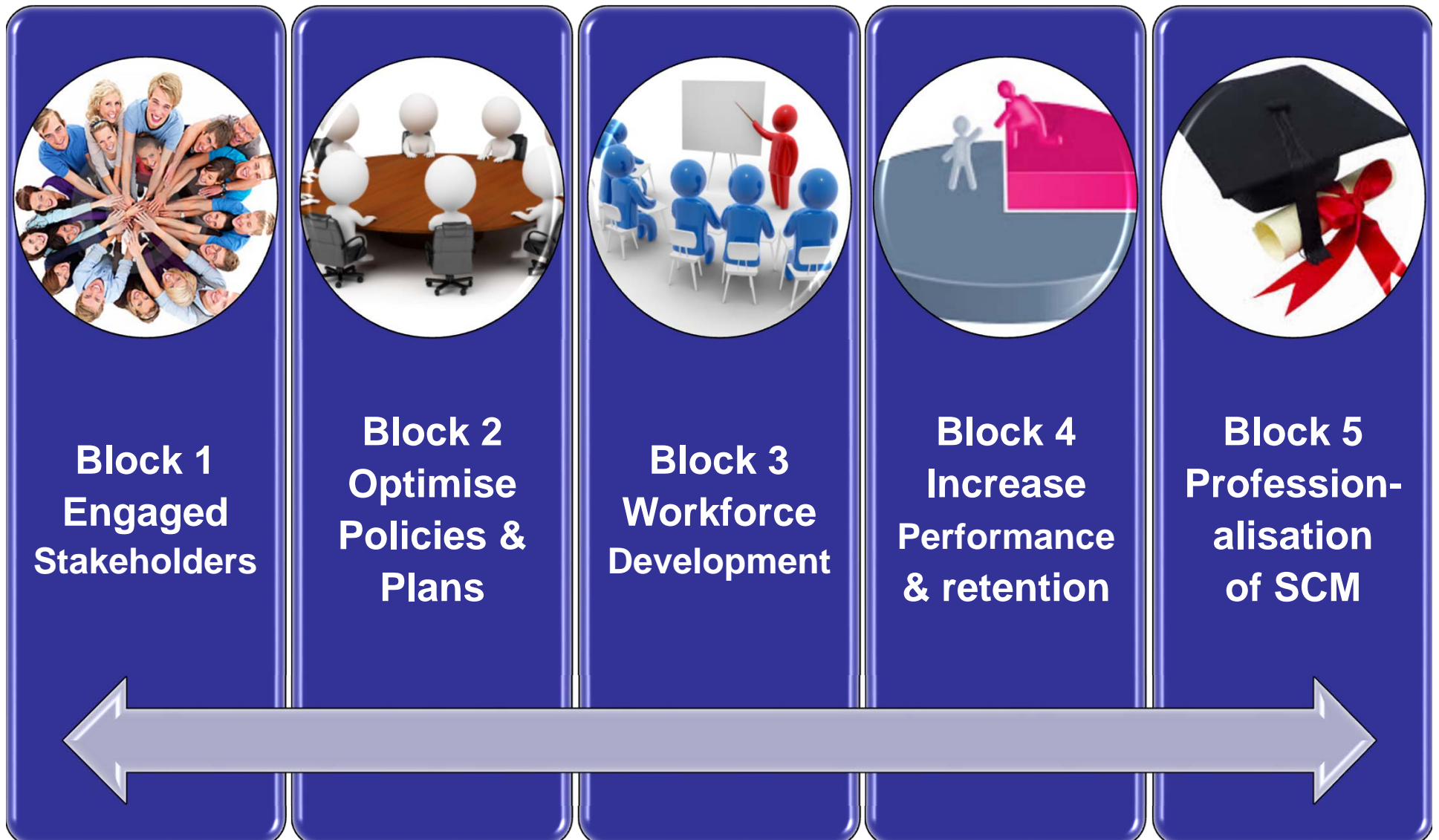


Source: Gavi taskforce



3. Five building blocks of HR for SCM

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4. How to Assess HR for SCM



- USAID DELIVER Project with PtD
- Human [Resource Capacity Development in Public Health Supply Chain Management: Assessment Guide and Tool](#)
- Dashboard of the five building blocks

[Home](#) > [What We Do](#) > [Capacity Building](#) > Human Resources for SCM

- Supply Chain Systems Strengthening »**
 - Integration
 - Last Mile
 - Innovations
- Commodity Security »**
 - Measuring CS
 - Financing
 - Forecasting
- Monitoring & Evaluation »**
 - Availability
 - Accountability
 - Visibility
- Capacity Building »**
 - Human Resources for SCM
 - Regional Training Initiatives
 - E-Learning

Human Resources for SCM

Human Resources Assessment

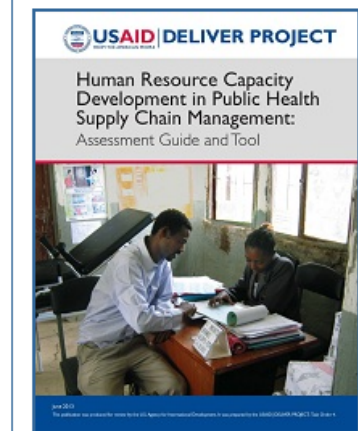
An effective public health supply chain requires motivated and skilled staff with competency in various essential logistics functions; staff must be empowered to make decisions that positively impact health supplies and supply chains. In many countries, a lack of trained staff is a frequent cause of supply chain system breakdown and poor performance, resulting in poorly maintained information systems, ill-functioning product management, and, ultimately, product stockouts.

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

The USAID | DELIVER PROJECT and [People that Deliver](#) have developed a toolkit to help public health supply chain managers in developing countries assess and improve the management of their human resources. It provides a structured, rating-based methodology designed to collect data needed for a rapid, comprehensive assessment of the capacity of the human resource support system for a country's supply chain.

Data are gathered from a document review, focus group discussions, and in-country stakeholder interviews to identify the strengths, areas for improvement, opportunities, and challenges for a wide range of human resource inputs and components. Findings are transformed into specific recommendations and strategies

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

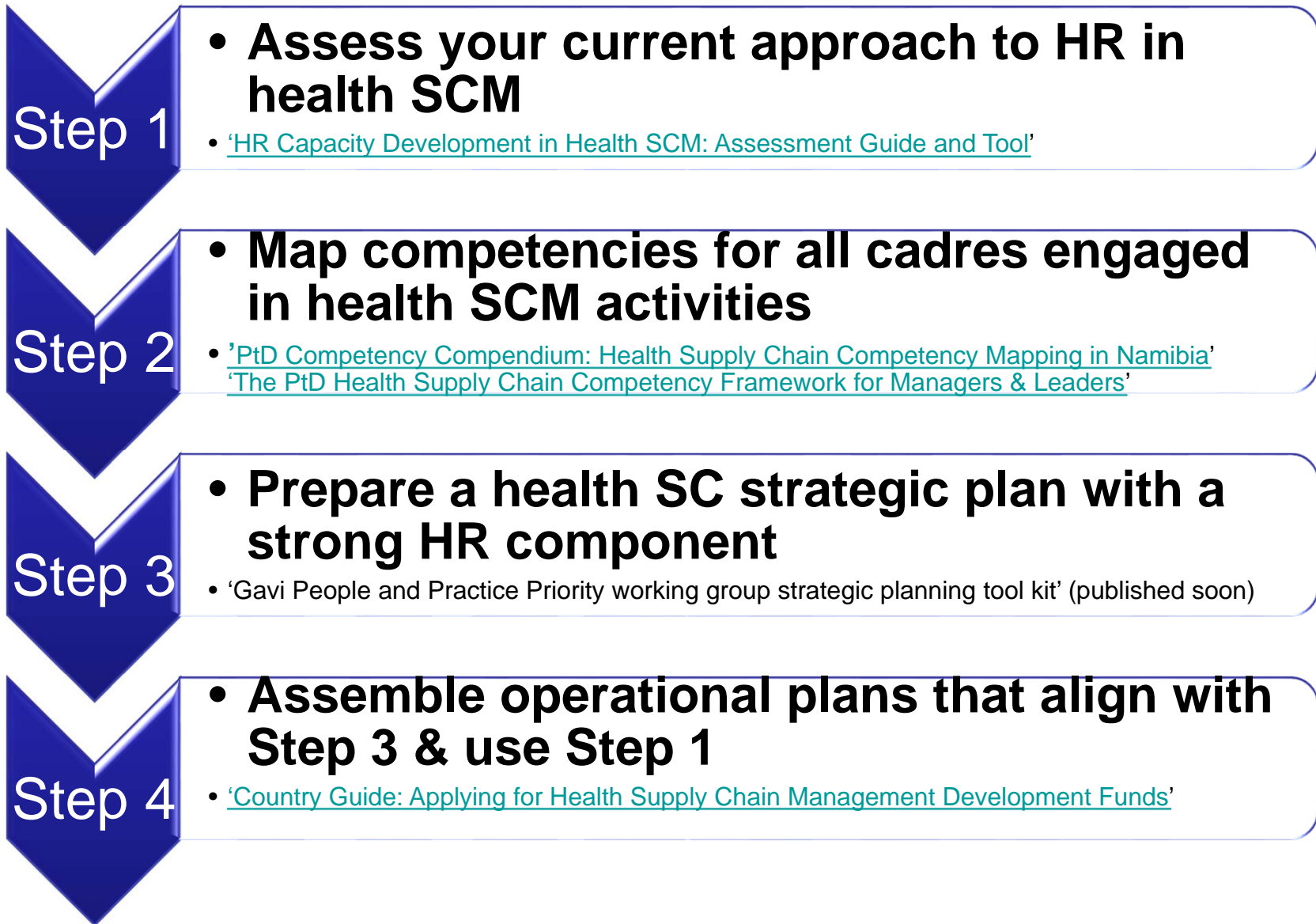


» [Assessment Guide and Tool](#)
 » [Diagnostic Dashboard](#)

Assessments completed in at least 14 countries:

Burkina Faso, Dominican Republic, El Salvador, Ethiopia, Ghana, Guatemala, Indonesia, Liberia, Mozambique, Namibia, Nicaragua, Rwanda, Tanzania, Zimbabwe

4. Making country change happen. The PtD Stepped Approach



4. Making country change happen. Key levers of change



✓ **Governments:**

Do they understand the importance of HSCM and its HR component and what is required to sustain HSCM?

✓ **SCM Managers with strong Leadership:**

At the right level in the HR structure and with the right competencies

✓ **Development Partners:**

With an understanding of what is needed to sustain health supply chains and a consistent in country message to engage governments

(GAVI Alliance, Global Fund, UNFPA, UNICEF, USAID)



THE PEOPLE THAT DELIVER INITIATIVE:

Namibia's Integrated Actions to Improve the Health Supply Chain Management Workforce



Presented by Erin Hasselberg, JSI, Rachel Deussom, Intrahealth International and Sara Khan, People that Deliver



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



- 19.6% HIV prevalence in Namibia (MOHSS, 2013)
- 118,000 Namibians on ARVs (MOHSS, 2014)
- 4th highest TB prevalence worldwide (WHO 2014)
- 12% unmet family planning need; half of pregnancies unintended
- 449/100,000 MMR in 2007 (MOHSS and ICF 2014)
- Low population density across rural, remote and underserved
- MOHSS 90-90-90 strategy, including meeting all contraceptive need



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

Namibia's Supply Chain Workforce



Pharmacists

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

Clerks, Work Hands

- 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

Leveraging PtD Partnerships for Namibia's Public Supply Chain Workforce



“In health services there are many different medicine and related supplies that are essential, but the **most important commodity** of all in a supply chain are **appropriately trained staff.**”

- *Former Namibian Permanent Secretary, Kahijoro Kahuure (PtD 2012)*



- Following the results of the HR for SCM Assessment & National Supply Chain Assessment, the MOHSS leveraged the PtD partnership and two USAID projects with existing resources and minimal additional funding to address SCM workforce

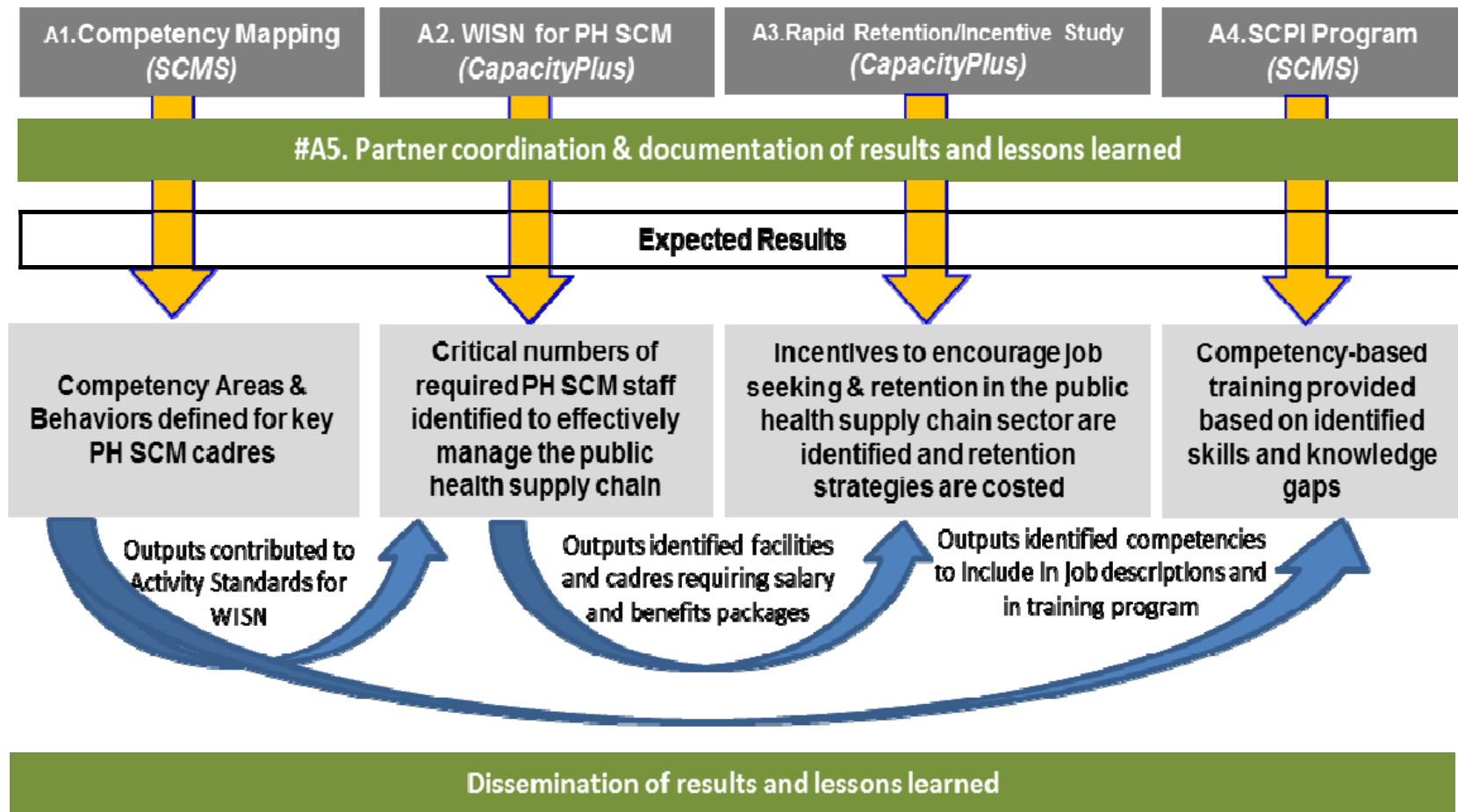


Namibia's HR for SCM Strengthen Activities

PtD Namibia sought to strengthen all five of the PtD human resources building blocks through five integrated and interrelated activities over a period of 18 months.



Outline of Activities & Expected Results



PtD-Namibia Outcomes

- Detailed technical reports for each activity
- A general synthesis document for use by the Namibian government
- A set of recommendations and lessons learned for Namibia as well as for other governments and organizations



Slide courtesy of Bridget McHenry, USAID-Washington, PtD Side Session, 3rd Global Forum on HRH, Recife, Brazil, Nov 2013.

Lessons Learned

- Procurement delays required immediate CMS attention- shifting focus from longer term activities
- PtD provided a platform for collaboration across different USAID projects
- PtD Competency Compendium can be adapted for individual countries but requires LOE/time
- Leverage HRH tools, such as WISN and DCE, provide unique insight for SCM context
- Requires strong field office leadership and home office support to maintain momentum

5. Small Group work

Three questions 25 mins....

- What are the HR for SCM issues that you are experiencing?
- How do these issues relate to the five HR building blocks?
- How may the tools in the PtD Stepped Approach to Capacity Development assist you?

Review



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Get engaged with PtD



- Become a PtD member (go to www.peoplethatdeliver.org)
- Join a PtD working group (e-mail info@peoplethatdeliver.org)
- Become a PtD Twitter follower (@PplthatDeliver)
- Update LAPTOP with SCM courses offered by your own institution (www.rhsupplies.org/resources-tools/laptop)
- Join 'International Association of Public Health Logisticians' IAPHL (www.iaphl.org)
- Advocate for HR for SCM within your organization and country based offices
- Tell us your HR for SCM stories or projects
- Use PtD tools and evidence and ...



“At last, someone has recognized the work of the supply chain team, because [our] superiors never do.”

*- Yesenia Aguirre de Barahona
Paracentral Region Warehouse
El Salvador*



PtD Evidence for Impact Brief, September 2015

Executive summary

Following the release of the PtD Mid Term Progress Summary, March 2014 (Annex 1), the Initiative has continued to make progress against its strategic goals culminating in members and partners sharing their progress at the 2nd PtD Global Conference on HR for SCM held in Copenhagen, October 2014 (<http://www.peoplethatdeliver.org/content/main-page-2nd-ptd-conference-page>).

The outputs of the conference form the detailed record of the progress PtD has made to date:

- [Conference Statement and Commitment to Action](#),
- [Conference Proceedings](#) published in the Journal for Pharmaceutical Policy & Practice,
- [Conference Summary](#) document, and
- Video recorded conference presentations ([Day 1](#), [Day 2](#)),

The above documents lay the platform for the next phase of the Initiative, focusing on country based change.

This document provides additional evidence for the impact of the PtD Initiative by documenting updated progress summaries against each of the four goals of the initiative and through presenting data from the 2014 member survey.

PtD Vision

The *People that Deliver* Initiative envisions a world where national supply chain workforces are planned, financed, developed and supported in a way that ensures equitable and sustainable access to the medicines and other commodities needed for optimal health outcomes.

PtD Mission

People that Deliver is a global partnership whose mission is to build global and national capacity to implement evidence-based approaches to plan, finance, develop, support and retain the national workforces needed for the effective, efficient and sustainable management of health supply chains.

PtD Strategic Goals

- I. Global recognition that strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and managerial capacity.
- II. Government and national health institutions demand, recruit and retain appropriately qualified personnel for positions with supply chain responsibilities.
- III. Adequate personnel from relevant cadres with appropriate supply chain competencies and qualifications are available.
- IV. A repository of evidence-based resources for human resources (HR) for supply chain management (SCM) is established, accessible, used and disseminated.

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PtD Updated Progress Summaries by Goal

Goal I. Global recognition that strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and managerial capacity. (updated September 2015)			
Progress statement	Achieved through PtD Engagement	In-process	Planned
<p>The need for improved systematic approaches to HR for SCM and a focus on professionalization are now evident in many global organisations and initiatives. Including: UN CO LSC, UNICEF SD, GAVI, Global Fund and the Interagency Supply Chain Working Group (ISG)</p> <p>PtD and its focus have been increasingly recognised by a variety of international communities. Including: supply chain management (SCM), Human Resources for Health (HRH), humanitarian logistics, public health, and pharmacy communities.</p> <p>PtD has responded to specific requests from; GAVI, Global Fund, World Bank, UNICEF, WHO and a range of governments and technical agencies.</p>	<p>A set of advocacy tools have been developed and disseminated through PtD. Examples?</p> <p>Direct contributions to global supply chain strengthening activities have been made to: UN CO LSC promising practices brief, GAVI supply chain strategy, UNICEF SD Office Management Plan, WHO/AMDS report to World Health Assembly (on Access to ART), ISG reference document, Lancet Commission on medicines availability, GHWA submission.</p> <p>Advocacy presentations to: Global Fund PSM, World Bank, UNFPA, UNICEF</p> <p>Multiple international conference presentations including: Global Health Supply Chain Summit, International Pharmacy Federation Congress, Prince Mahidol Award Conference, CILT LRN conference, RHSC Annual Meetings.</p> <p>Published Paper: Benoît Silve, Arsène Ouedraogo Professionalizing Health Logistics in Burkina Faso: Challenges, Implementation and Sustainability Public Health Research 2013, 3(6): 157-161</p>	<p>Ongoing advocacy plan engaging international SCM partners and key international strategies.</p> <p>Communications plan leveraging global partners in: SCM, HRH, humanitarian logistics, public health, and pharmacy.</p> <p>Publication of articles in open access public health journals</p>	<p>3rd PtD Global Conference on HR for SCM Q4 2016 (African regional centre)</p>
Lessons learned			
<p>A physical presence at a variety of global health forums and planned interaction with leading SCM organisations is critical for PtD and its focus to be recognised in a crowded global development environment.</p>	<p>Gavi Alliance Supply Chain Strategy Evidence Review, 2014 This review led by the Gavi Alliance People and Practices Working Group supports the proposed hypotheses on HR in SCM, and the recommended interventions for countries looking to strengthen HR.</p> <p>PtD submission to GHWA Global Strategy on Human Resources for Health, 2014. This submission assembles the currently available evidence supporting the need to focus on the human resources in health logistics and supply chain. Cadres that were not considered in the first round of strategy papers</p> <p>2nd PtD Global Conference for HR in SCM, 28-30th Oct 2014, Copenhagen Denmark, 130 participants from 30 countries.</p>		

Goal II. Government and national health institutions demand, recruit and retain appropriately qualified personnel for positions with SC responsibilities.

(Updated September 2015)

Progress statement	Achieved through PtD Engagement	In-process	Planned
<p>PtD focus countries have had mixed progress to date with best results where governments are engaged and supported by well financed SCM partners, e.g. Burkina Faso (Bioforce), Dominican Republic (Capacity Plus), Namibia (SCMS), Indonesia (USAID DELIVER).</p> <p>With the changing environment around USAID funded projects there is some uncertainty around continuity with SCMS coming to an end in Sept 2015. It will be important to engage any new entities as soon as is practical.</p> <p>Direct advocacy by PtD in Ethiopia and Indonesia has been a catalyst for improved govt. focus and activity.</p> <p>PtD members are increasingly engaging other country governments as momentum grows. E.g. Kenya (Intra Health), LAC (Intra Health), East African Community (AMP) , Ghana (Path).</p>	<p>PtD HR for SCM assessments completed in at least 14 countries: Burkina Faso, Dominican Republic, El Salvador, Ethiopia, Ghana, Guatemala, Indonesia, Liberia, Mozambique, Namibia, Nicaragua, Rwanda, Tanzania, Zimbabwe</p> <p>Burkina Faso - HR for SCM assessment lead to: regulatory changes implemented to delineate SCM cadres, development of academic course & public service structural change. Health logisticians have been deployed in 17 districts. Current challenge is to maintain HSCM education structures.</p> <p>Dominican Republic - HR for SCM assessment lead to: govt. action plan, organogram & job descriptions, academic course developed, new performance systems established.</p> <p>Ethiopia - HR for SCM assessment lead to: Govt. HR planning process engaging SCM partners with a focus on: education and standards. Newly formed HR for SCM task force is accelerating momentum, and Jimma University HSCM masters.</p> <p>Indonesia - HR for SCM assessment lead to: PtD Indonesia national working group, one gate policy with engagement of SCM partners, professional grouping of provincial SCM leaders with national. Increased focus to bridge the HIV RX gap has lead to increased attention on HR for SCM.</p>	<p>Burkina Faso District trial of new cadre approaches</p> <p>Ethiopia Development of Addis Adaba University SCM course with UNFPA funding and SCM partner contributions</p> <p>Indonesia Convening of national working party focusing on SCM cadre competency and national education review</p> <p>Namibia Publication of HSCM PtD synthesis document and advocacy engagement with MoH.</p>	<p>Seeking interagency supply chain working group engagement for regional advocacy meetings.</p> <p>Continued support for govt. lead plans, including:</p> <p>Indonesia Competency mapping of SCM cadres</p> <p>Liberia Development of pre-service and in-service SCM education plan.</p>
<p>Lessons learned</p>			
<p>Country governments are suffering from capacity restraints in a crowded development environment.</p> <p>For a HR for SCM focus to take hold a co-ordinated approach engaging all SCM stakeholders is required.</p> <p>Targeted advocacy engaging country political leaders with the business case for supply chains is a much needed next step.</p>	<p>Mozambique - National SCM strategy approved with strong HR component. Working with partners to, increased the No and competence of cadres, improve supervision and audit. MOH has approved a revised workforce plan to triple the Central Medical Stores workforce and include many additional workers with professional degrees, by 2018.</p> <p>Namibia - HR for SCM assessment lead to: Strong SCM partner co-operation to implement multi foci plan: HRH tracking, workload analysis, retention study, competency mapping & education review. Reports due for publication shortly.</p>		

Goal III. Adequate personnel from relevant cadres with appropriate supply chain competencies and qualifications are available.

(Updated September 2015)

Progress statement	Significant activity examples	In-process	Planned
<p>Firm progress has been achieved with the development of at least 6 academic health logistics and SCM qualifications in recent years and several further projects underway.</p>	<p>Activities stimulated by PtD</p> <p>Burkina Faso Ecole National De Sante Publique (ENSP) – Masters in Health Logistics and SCM</p> <p>Ethiopia Jimma University – Masters in Health Logistics and SCM</p> <p>Namibia SCM curriculum review at the University of Namibia</p>	<p>Ethiopia Addis Ababa university is currently developing a HSCM post graduate program with UNFPA funding and support from PtD members</p>	<p>International health logistics and supply chain curriculum repository, PtD Secretariat (2016)</p>
<p>Lessons learned</p>	<p>Mozambique SCM curriculum placed in the pre-service degree for Health Administration staff</p>		
<p>There is a need to build on these foundations through ensuring that academic development is aligned with country and regional competency based needs.</p> <p>Further engagement of international professional organisations (CILT, CIPS, APICS, CSCM), may improve momentum. Academic capacity will be a constraint to growth in academic courses.</p> <p>Accessibility to existing courses by those wishing to undertake SCM education may be a limitation with a number of courses running below capacity.</p> <p>Gains in SCM education will only be maximised if supported by policy and structural changes in SCM in the country context.</p> <p>Appropriate interfaces between private sector and the development community need to emerge to allow the engagement of growing private sector interest.</p>	<p>Activities where PtD is making a significant contribution</p> <p>LAPTOP (Learning & Professional Training Opportunities) A web portal hosted by RHSC that provides global interaction between providers of health logistics and supply chain education and prospective students, both pre-service and continuing professional development</p> <p>East African Community An EAC Centre of Excellence in Health Supply Chain Management (HSCM) will open at the University of Rwanda in Oct. 2015. German Development Bank, GAVI & Gates are the main donors with many technical partners engaged.</p> <p>Activities of note where PtD members are active</p> <p>Benin Establishment of the LOGIVAC center at the L'Institut Régional de Santé Publique (IRSP), bachelor degree in Health Logistics and SCM</p> <p>Pacific Island Countries University of Canberra, Certificate III in Hospital Health Services Pharmacy Support for entry level cadres in SCM, delivered in Fiji, and Vanuatu</p> <p>South Africa African Supply Chain Academy, a consortium between Imperial Health Sciences and Divinci University, delivering a suite of SCM courses</p>	<p>Indonesia Convening of national working party focusing on SCM cadre competency and national education review, with a view to national education reform</p> <p>Liberia Currently developing a HR for SCM 'Education Map' to guide systematic investment in the capacity development of health supply chain logistics and supply chain cadres</p>	<p>Increased private sector engagement is expected with organisations such as UPS and IFPW agreeing to make mentors available in a variety of HSCM contexts through a GAVI mechanism.</p>

Goal IV. A repository of evidence-based resources for HR for SCM is established, accessible, used and disseminated.

(Updated September 2015)

Progress statement	Achieved through PtD Engagement	In-process	Planned
<p>PtD now has a suite of tools and evidence to support governments and implementing organisations to systematically improve the human resources engaged in HSCM and their professionalization. (www.peoplethatdeliver.org)</p> <p>These resources are available via the PtD website with a variety of dissemination activities underway to engage governments and organisations (including IAPHL, PSM Toolbox). Including in French and Spanish. PtD is facilitating greater dissemination and use of resources through cross linkages with the PSM toolbox and other web based SCM portals.</p> <p>Annex 2 shows detailed communication statistics for PtD.</p>	<p>Advocacy tools; A suite of advocacy tools are now available for application at country and organisational level.</p> <p>Assessment and planning; HR for SCM Assessment Guide and Tool (USAID DELIVER), has been used in 15 countries: Burkina Faso, Dominican Republic, Ethiopia, Guatemala, Indonesia, Liberia, Namibia, Nicaragua, Rwanda, Senegal, Zimbabwe</p> <p>Competency mapping; The PtD Competency Compendium for Health Supply Chain Management (University of Canberra). This tool was used in Namibia, Ethiopia and within the GAVI People and Practices Working Group to develop the PtD HSCM Managers and Leaders Competency Framework.</p> <p>The following tools and guidance have been completed:</p> <ul style="list-style-type: none"> • Work load analysis (Namibia, Capacity Plus)) • PtD HR case studies (Global, LMI) • SCM stakeholder mapping (Global, JSI) • Making smart investments in HR for SCM (Global, PtD) <p>PtD Secretariat information dissemination; Bi-monthly newsletters, the PtD website and a comprehensive dissemination strategy update the global community of developments and provide platforms for South to South information exchange. Annex 2 shows detailed communication statistics for PtD</p>	<p>HR for SCM Capacity Development Stepped Approach The PtD Secretariat has developed a draft document summarising all tools, evidence and experiences collected by PtD for country based application. (Copy available from PtD Secretariat)</p> <p>Virtual HSCM professional portal This KFW funded project is developing a web based portal to link aspects of the HSCM community globally, with special emphasis for ease of use for country based HSCM practitioners. PtD has been leading ToR development and partner engagement. The site will be hosted by EAC CE HSCM in Rwanda. The project is lead by IntraHealth.</p> <p>French and Spanish Translations of key documents are underway with language based webinars and dissemination plan.</p> <p>Revision of EVM to include a HR for SCM module is being undertaken by UNICEF SD, through the GAVI Supply Chain Strategy.</p>	<p>PtD to develop guidance on: - HR for SCM indicators and their use in SCM systems.</p>
<p>Lessons learned</p>			
<p>The leadership provided by the PtD Executive Manager has increased momentum and allowed co-ordination of tool development against the PtD operational plan.</p> <p>Countries need to find adequate financial support and technical expertise to utilise available guidance and tools with advanced planning important to engage country work planning cycles that link with funding opportunities.</p> <p>PtD needs to leverage the country presence and engagement of GAVI, Global Fund, USAID, UNICEF and UNFPA to increase country based change.</p>			

PtD Member Survey 2014

Since the recruitment of the PtD Executive Manager (EM) the 2013 and 2014 period has seen significant advances for the Initiative against its stated goals, with **Goal 1 Global Recognition** and **Goal 2 Repository of evidence** being the most pronounced. These efforts reflect the priority areas that were focused on by the PtD Secretariat and the PtD EM in particular during this period. Activity has occurred where there has been funding and human resource to move activities forward. The following table reflects feedback from 52 PtD Members when asked to comment on the progress of PtD Goals.

As the PtD 2nd Global Conference demonstrated (<http://www.peoplethatdeliver.org/content/main-page-2nd-ptd-conference-page>) PtD has wide international recognition with many organisations using PtD HR for SCM messaging in their activities and programs (eg Gavi supply chain strategy, and the Interagency Supply

Please evaluate the following statements on how well PtD has met its goals in 2013-2014:								
Answered: 52								
	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree	Don't know	Total	Weighted Average
PtD made significant progress toward Goal 1: global recognition that strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and manager.	2% 1	4% 2	5% 2	46% 24	38% 20	6% 3	52	3.98
PtD made significant progress toward Goal 2: government and national health institutions demand, recruit and retain appropriately qualified personnel for positions with supply chain responsibilities.	2% 1	15% 8	29% 15	31% 16	6% 3	17% 9	52	2.71
PtD made significant progress toward Goal 3: adequate personnel from relevant cadres with appropriate supply chain competencies and qualifications are available.	0% 0	23% 12	27% 14	27% 14	10% 5	14% 7	52	2.83
PtD made significant progress toward Goal 4: a repository of evidence-based resources for human resources (HR) for supply chain management (SCM) is established, accessible, used and disseminated.	0% 0	4% 2	15% 8	40% 21	27% 14	14% 7	52	3.50

Chain Working Group).

In reference to Goal 4 PtD has now published a strong portfolio of research evidence to support a HR for SCM focus (<http://www.peoplethatdeliver.org/content/research-material>), advocacy materials to enable PtD members to engage stakeholders on HR for SCM issues (<http://www.peoplethatdeliver.org/content/advocacy-toolkit>), and technical tools to enable systematic HR for SCM improvements through assessment, planning and other key activities (<http://www.peoplethatdeliver.org/content/technical-guidelines-and-tools>).

The table below indicates which of these tools have been engaged with mostly by members.

Which of the following PtD tools have you used or referred to in your organization?

Answered: 52

Answer Choices	Responses
Advocacy Tools	21% 11
HR for SCM Assessment Guide and Tool	58% 30
Competency Compendium	40% 21
HSS Funding Guide	12% 6

Engagement by PtD members in the work of PtD has been varied with less than expected action from a wide number of PtD working group members. Globally there is great interest in PtD, an agreement that HR for SCM systematic approaches to professionalise cadres involved in supply chain is needed and a desire for improvements to be made. PtD members have been able to move PtD priority activities forward by mobilising resources for this cause as part of their annual work planning process and with engagement of funding agencies.

When asked, PtD members indicated that the PtD Board was the main avenue for participation with PtD while 31% of respondents indicated that they had NOT participated in the last twelve months. PtD working groups continue to be a peak area of member engagement. As an advocacy Initiative, PtD's focus is moving to more country engagement where being able to activate members in the local country context with other partners is the focus for change.

How have you participated or engaged with PtD in the last year?

Answered: 52

Answer Choices–	Responses–
As a PtD Board Member	33% 17
As a PtD Working Group Member	25% 13
As a PtD Focus Country Liaison	8% 4
As a contributor to the PtD online discussion via IAPHL	21% 11
As a participant in a PtD Lead Webinar	2% 1
I have NOT participated in PtD in the last year	31% 16

During the 2013-2014 period PtD has laid a firm foundation highlighting the need to systematically focus on HR for SCM issues in health supply chains. From this foundation PtD members need to sharpen their focus on country level engagement, advocating with local political and technical leaders for change and leveraging existing funding opportunities to make the systematic improvements that the current experience of PtD has shown to be important.

The revised 2015-2016 operational plan highlights the activities that PtD are prioritising in this next phase of country based change (Annex 3).

Annex 1 – PtD Mid Term Progress Summary, March 2014

2013 saw the emerging of the People that Deliver (PtD) Initiative, with funding for a modest secretariat, housed at UNICEF Supply Division, secured through UNFPA, UNICEF SD and USAID to the 31st December 2014. An Executive Manager began in Jun 2013, a strategic plan was finalised, an aspirational operational plan was established and key activities have been undertaken.

March 2014 is the midway point of the current term of the PtD Executive Manager and a poignant time to provide a summary of PtD progress towards its four strategic goals, as it seeks to for fill its mission:

‘to build global and national capacity to implement evidence-based approaches to plan, finance, develop, support and retain the national workforces needed for the effective, efficient and sustainable management of health supply chains.’

I Global recognition - The need for improved systematic approaches to human resources (HR) for supply chain management (SCM) and a focus on professionalization are now evident in many global organisations and initiatives, including; UN Commission on Life Saving Commodities (UN CO LSC) , UNICEF Supply Division (SD), Global Alliance for Vaccines and Immunization (GAVI), Global Fund. PtD and its goals have been increasingly recognised by a variety of international communities. Including; SCM, HRH, humanitarian logistics, public health, and pharmacy. PtD has responded to specific requests from GAVI, Global Fund, World Bank, and WHO.

II Country government action - PtD focus countries have had mixed progress to date with best results where govts. are engaged and supported by well financed SCM partners, e.g. Burkina Faso (Bioforce), Dominican Republic (Capacity Plus), Namibia (SCMS), Indonesia (USAID|DELIVER). Direct advocacy by the PtD Secretariat in Ethiopia and Indonesia has been a catalyst for improved govt. focus and activity. Increasingly, PtD members are engaging other country govts. as momentum grows. E.g. Kenya (Intra Health), LAC (Intra Health), East African Community (AMP)

III Adequate personnel - Firm progress has been achieved with the development of at least six academic health logistics and SCM qualifications in recent years, and several further projects underway.

IV Repository of evidence - The publishing of the HR for SCM Assessment Guide and Tool (USAID|DELIVER), and the PtD Competency Compendium for Health Supply Chain Management (University of Canberra), have provided two significant tools to be used to further the HR for SCM agenda. Further tools are being developed under the guidance of the PtD Operational Plan. Activity is underway to highlight these tools through the PtD website and facilitating greater dissemination and use through cross linkages with the PSM toolbox and other web based SCM portals.

Goal I. Global recognition that strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and managerial capacity.

Progress statement	Achieved through PtD Engagement	In-process	Planned
<p>The need for improved systematic approaches to HR for SCM and a focus on professionalization are now evident in many global organisations and initiatives. Including; UN CO LSC, UNICEF SD, GAVI, Global Fund.</p> <p>PtD and its focus have been increasingly recognised by a variety of international communities. Including; SCM, HRH, humanitarian logistics, public health, and pharmacy.</p> <p>PtD has responded to specific requests from; GAVI, Global Fund, World Bank, and WHO.</p>	<p>An advocacy tool set has been developed and disseminated through the PtD network.</p> <p>Direct contributions to global supply chain strengthening activities, including UN CO LSC promising practices brief, GAVI supply chain strategy, UNICEF SD Office Management Plan, WHO/AMDS report to World Health Assembly (on Access to ART).</p> <p>Advocacy presentations to: Global Fund PSM, World Bank, UNFPA, UNICEF</p> <p>Multiple international conference presentations</p> <p>Published Paper: Benoît Silve1, Arsène Ouedraogo Professionalizing Health Logistics in Burkina Faso: Challenges, Implementation and Sustainability Public Health Research 2013, 3(6): 157-161</p>	<p>2nd Global Conference for HR in SCM, 28-30th Oct 2014, Copenhagen Denmark</p> <p>Ongoing advocacy plan engaging international SCM partners and key international strategies.</p> <p>Communications plan leveraging global partners in: SCM, HRH, Public Health, pharmacy.</p>	<p>Publication of articles in open access public health journals</p>
<p>Lessons learned</p>			
<p>A physical presence at a variety of global health forums and planned interaction with leading SCM organisations is critical for PtD and its focus to be recognised in a crowded global development environment</p>			

Goal II. Government and national health institutions demand, recruit and retain appropriately qualified personnel for positions with SC responsibilities.

Progress statement	Achieved through PtD Engagement	In-process	Planned
<p>PtD focus countries have had mixed progress to date with best results where governments are engaged and supported by well financed SCM partners, e.g. Burkina Faso (Bioforce), Dominican Republic (Capacity Plus), Namibia (SCMS), Indonesia (USAID DELIVER).</p> <p>Direct advocacy by the PtD Secretariat in Ethiopia and Indonesia has been a catalyst for improved govt. focus and activity.</p> <p>PtD members are increasingly engaging other country governments as momentum grows. E.g. Kenya (Intra Health), LAC (Intra Health), East African Community (AMP)</p>	<p>PtD supported HR for SCM assessments have been completed in 12 countries. Specific outcomes from the assessments include:</p> <p>Burkina Faso - HR for SCM assessment lead to: regulatory changes implemented to delineate SCM cadres, development of academic course & public service structural change. Health logisticians have been deployed in 17 districts.</p> <p>Dominican Republic - HR for SCM assessment lead to: govt. action plan, organogram & job descriptions, academic course developed, new performance systems established.</p> <p>Ethiopia - HR for SCM assessment lead to: govt. HR planning process engaging SCM partners with a focus on: education and standards. Newly formed HR for SCM task force is accelerating momentum.</p> <p>Indonesia - HR for SCM assessment lead to: PtD Indonesia national working group, one gate policy with engagement of SCM partners, professional grouping of provincial SCM leaders with national networking through WHO knowledge gateway link.</p>	<p>Systematic PtD focus country case study project underway to document barriers and enablers to change</p> <p>Direct advocacy visits booked by PtD Secretariat to focus countries in 2014: Burkina Faso, Dominican Republic, Indonesia, Liberia, Mozambique and Namibia</p> <p>Burkina Faso District trial of new cadre approaches</p> <p>Ethiopia Development of Addis Adaba University SCM course with UNFPA funding and SCM partner contributions</p> <p>Indonesia Convening of national working party focusing on SCM cadre competency and national education review</p>	<p>Continued support for govt. lead plans, including:</p> <p>Burkina Faso Competency mapping of SCM cadres</p> <p>Dominican Republic Strengthen developing LAC SCM leaders community</p> <p>Indonesia Competency mapping of SCM cadres</p> <p>Liberia Development of pre-service and in-service SCM education plan.</p>
<p>Lessons learned</p>			
<p>Country governments are also suffering from capacity restraints in a crowded development environment.</p> <p>For a HR for SCM focus to take hold a co-ordinated approach, engaging all SCM stakeholders is required.</p>	<p>Mozambique - National SCM strategy approved with strong HR component. Working with SCM partners to: increased the no and competency of cadres, improve supervision and audit controls.</p> <p>Namibia - HR for SCM assessment lead to: strong SCM partner co-operation to implement multi foci plan: HRH tracking, workload analysis, retention study, competency mapping & education review</p>		

Goal III. Adequate personnel from relevant cadres with appropriate supply chain competencies and qualifications are available.			
Progress statement	Achieved through PtD Engagement	In-process	Planned
Firm progress has been achieved with the development of at least 6 academic health logistics and SCM qualifications in recent years and several further projects underway.	<p>Benin Establishment of the LOGIVAC center at the L'Institut Régional de Santé Publique (IRSP), bachelor degree in Health Logistics and SCM</p> <p>Burkina Faso University of Burkina Faso – Masters in Health Logistics and SCM</p> <p>Ethiopia Jimma University – Masters in Health Logistics and SCM</p> <p>Namibia SCM curriculum review at the University of Namibia</p> <p>Pacific Island Countries University of Canberra, Certificate III in Hospital Health Services Pharmacy Support for entry level cadres in SCM, delivered in Fiji, and Vanuatu</p> <p>South Africa African Supply Chain Academy, a consortium between Imperial Health Sciences and Divinci University, delivering a suite of SCM courses</p> <p>LAPTOP (Learning & Professional Training Opportunities) A web portal hosted by RHSC that provides global interaction between providers of health logistics and supply chain education and prospective students, both pre-service and continuing professional development.</p>	<p>East African Community Agence de Médecine Préventive (AMP), currently conducting health logistics and SCM education assessment to consider potential site for 2nd LOGIVAC centre</p> <p>Ethiopia Addis Ababa university is currently developing a health logistics and supply chain post graduate program with UNFPA funding and support from PtD members</p> <p>Ghana Garden City University College (A pvt. university), currently engaging with PtD partners to develop logistics and supply chain courses to meet private and government needs</p> <p>Indonesia Convening of national working party focusing on SCM cadre competency and national education review, with a view to national education reform</p>	<p>International health logistics and supply chain curriculum repository, PtD Secretariat (2015)</p> <p>Health logistics and SCM academic workshop promoting South to South exchange and capacity development. Early discussions with UNICEF SD and UNFPA Copenhagen (2015)</p> <p>A grant is currently being considered to improve the functionality of LAPTOP and extend its reach to the French and Spanish speaking communities</p>
Lessons learned			
<p>There is a need to build on these foundations through ensuring that academic development is aligned with country and regional competency based needs.</p> <p>Further engagement of international professional organisations may improve momentum.</p> <p>Academic capacity will be a constraint to growth in academic courses.</p> <p>Accessibility to existing courses by those wishing to undertake SCM education may be a limitation with a number of courses running below capacity.</p> <p>Gains in SCM education will only be maximised if supported by policy and structural changes in SCM in the country context.</p>			

Goal IV. A repository of evidence-based resources for HR for SCM is established, accessible, used and disseminated.

Progress statement	Achieved through PtD Engagement	In-process	Planned
<p>The publishing of the HR for SCM Assessment Guide and Tool (USAID DELIVER), and the PtD Competency Compendium for Health Supply Chain Management (University of Canberra), provide two significant tools to be used to further the HR for SCM agenda.</p> <p>Further tools are being developed under the guidance of the PtD Operational Plan, with activity underway to highlight these tools through the PtD website and facilitating greater dissemination and use through cross linkages with the PSM toolbox and other web based SCM portals.</p>	<p>Advocacy tools; ‘WHO is PtD and How does it Operate?’, ‘WHAT does a Systematic Approach to HR for SCM Look Like?’, ‘Applying the HRH Action Framework to Develop Sustainable Excellence in the Health Supply Chain Workforce’ (Capacity Plus)</p> <p>Assessment and planning; HR for SCM Assessment Guide and Tool (USAID DELIVER), has been used in 12 countries: Burkina Faso, Dominican Republic, Ethiopia, Guatemala, Indonesia, Liberia, Namibia, Nicaragua, Rwanda, Senegal, Zimbabwe</p>	<p>Applying the PtD Competency Compendium Guidance is currently being developed following recent activity in Namibia (SCMS)</p> <p>Work load analysis Applying the WISIN tool to SCM cadres in Namibia (Capacity Plus)</p> <p>PtD HR case studies Documenting models of existing structured HR for SCM systems, from a variety of well functioning organisations (LMI)</p> <p>SCM stakeholder mapping Mapping of current SCM stakeholders active in PtD focus countries (SCMS)</p>	<p>A national SCM education planning approach is to be trialled in Liberia (Pharmaceutical Systems Africa)</p> <p>PtD to develop guidance on:</p> <ul style="list-style-type: none"> - HR for SCM indicators and their use in SCM systems. -How to plan and run HR for SCM country working groups, with an emphasis on leadership and change management.
<p>Lessons learned</p>	<p>Competency mapping; The PtD Competency Compendium for Health Supply Chain Management (University of Canberra). This tool is currently being applied in Namibia through SCMS partners</p> <p>PtD Secretariat information dissemination; Bi-monthly newsletters, the PtD website and a comprehensive dissemination strategy update the global community of developments and provide platforms for South to South information exchange</p>	<p>Global Health Supply Chain Community Liaising with: IAPHL, Iplus Solutions, LOGIVAC, RHSC, Technet21, UNFPA, UNICEF SD, WHO; to improve cross referencing of SCM material for countries</p> <p>Making smart investments in HR for SCM Guidance and toolkit currently under review</p> <p>Strengthening PSM Toolbox as a Repository of HR for SCM knowledge Attending PSM Toolbox strategic planning meeting aiming to increase visibility of HJR for SCM tools</p>	<ul style="list-style-type: none"> - HR for SCM planning with reference to numbers, education requirements etc. -Financial planning and costs for HR for SCM -Further research gaps in HR for SCM and how these should be addressed.
<p>The leadership provided by the PtD Executive Manager has increased momentum and allowed co-ordination of tool development against the PtD operational plan.</p> <p>Countries need to find adequate financial support and technical expertise to utilise available guidance and tools.</p>			

Annex 2 – Summary of PtD Communication statistics: Web hits, Twitter and Knowledge Gateway (member database)

Newsflashes and news items	Publication Date	Web hits as of 13th Aug 2015
PtD Newsflash No. 16	July 2015	1439
New investments shed light on Tanzania’s HR Capacity in HSCM, web news	July 2015	1507
PtD Newsflash No. 15	May 2015	5852
WEBINAR (Spanish): Systematic approaches to increasing professionalism in health supply chains	May 2015	5875
Vacancy: DEADLINE EXTENDED: Executive Manager, People that Deliver (PtD), P-4, TA, UNICEF Supply Division	May 2015	5713
People that Deliver publishes "Supply Chain Competency Framework for Managers & Leaders"	April 2015	3053
Published by PtD: Health Supply Chain Case Studies	March 2015	2591
Human Resource Development in Supply Chain Management of Health Commodities - A realist review of UN sources	March 2015	1469
The 2nd People that Deliver Global Conference on “Human Resources in Supply Chain Management” advertisement	Feb 2014	12812
Joint publication of a study on Health Logisitics professionalisation in Burkina Faso	Feb 2014	2545
Newsflash No 4	March 2013	2215
Newsflash No 1	Dec 2012	2309
PtD Tools		
PtD Competency Compendium: Public Health Supply Chain Competency Mapping in Namibia	July 2014	1995
Country Guide: Applying for Public Health Supply Chain Management Development Funds	April 2014	2598
Publication of the PtD Competency Compendium for Health Supply Chain Management	Feb 2014	2021
PtD Focus Country Pages		
Burkina Faso		7837
Ethiopia		7494
Liberia		7232
Namibia		7115
PtD main website pages		
Advocacy toolkit page		8570
Technical Guidelines and tools page		8619
Research Material page		8424
2 nd PtD Global conference landing page		3338

People that Deliver	
Communication stats - August 2015	
Twitter - @PplthatDeliver	
August - as of the 16th Aug. 2015	
Tweet Impressions/Views	180
Profile Views	112
Followers	186
Mention of @Pplthatdeliver by others	2
July 2015	
Tweet Impressions/Views	1811
Profile Views	240
Followers	165
Mention of @Pplthatdeliver by others	4
June 2015	
Tweet Impressions/Views	2390
Profile Views	309
Followers	154
Mention of @Pplthatdeliver by others	6
May-15	
Tweet Impressions/Views	5667
Profile Views	622
Followers	161
Mention of @Pplthatdeliver by others	26
April 2015	
Tweet Impressions/Views	1503
Profile Views	299
Followers	147
Mention of @Pplthatdeliver by others	7
March 2015	
Tweet Impressions/Views	1469
Profile Views	563
Followers	130
Mention of @Pplthatdeliver by others	9
Knowledge Gateway	
PtD Members Community	
Members	563
Countries	52

PEOPLE that DELIVER

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

WHO is People that Deliver (PtD) and HOW does it work?

PtDs Purpose

The PtD Initiative is a global partnership of more than 80 organizations with a strong interest in human resources (HR) for health supply chain management. PtD seeks to provide a coordinated, multi-organizational approach to addressing human resources for supply chain management (SCM) in the global health area. The PtD Initiative was launched in June 2011.

PtD Mission

The PtD mission is to build global and national capacity to implement evidence-based approaches to plan, finance, develop, support and retain the national workforces needed for the effective, efficient and sustainable management of health supply chains.

How PtD Works

The Board: PtD is governed by a Board with representation from a variety of sectors including governments, donors and aid agencies (e.g. USAID, Global Fund, UNICEF, UNFPA), NGOs, academic institutions, professional associations and private sector organizations. The Board has a two-year tenure, and is led by a Chairman elected from the Board's membership.

The Secretariat: Consists of an Executive Manager and modest administrative function, is jointly supported by UNICEF, USAID and UNFPA. The Secretariat takes direction from the Chairman and is responsible for day-to-day operations implementing the vision and priorities set by the Board. The Secretariat is housed at UNICEF Supply Division in Copenhagen.

Working Groups: Three working groups, guided by an agreed strategic and operational plan, are the main vehicles through which Initiative members collaborate to realise the Initiative's strategic goals. There are three working groups that serve as the implementation and technical arms of the Initiative. These are:

The Advocacy & Knowledge Management Group which supports awareness raising, advocacy, and information sharing at both the global and national levels.

The Research Working Group focuses on strengthening the evidence base of HR for SCM in support of all four desired goals of PtD.

The Technical Working Group focuses on developing and disseminating guidelines, tools, and resources that will assist countries in their efforts to develop sustainable excellence in the health workforce for SCM.



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PtD's Strategic Goals:

- I. Advocate for global recognition that strong supply chains are essential for positive health outcomes and require a competent, recognised and supported supply chain workforce with significant technical and managerial capacity.
- II. Government and national health institutions to demand, recruit and retain appropriately qualified personnel for positions with supply chain responsibilities.
- III. Adequate personnel from relevant cadres with appropriate supply chain competencies and qualifications are available within national systems.
- IV. Establish a repository of evidence-based resources for HR for SCM that is accessible, disseminated and used by countries.

Members of a vaccination team in Guinea-Bissau trek for 5 kilometres to reach children in villages in the Quinara Region.

Focus Countries

PtD has seven focus countries which were selected after the Governments of each indicated an interest in progressing the HR for SCM agenda. Each focus country also has an active PtD implementing partner operating within it.

The countries are diverse in terms of geographical location, disease profiles and health system structures.

They provide an excellent base for the PtD Initiative to collaborate on materials that not only benefit them, but also other low and middle-income countries desiring to strengthen their health supply chain workforce.

HR Building Blocks for Supply Chain Management

PtD aims to achieve its goals by advocating for country-based interventions that strengthen the five building blocks which underpin effective HR management in public health supply chains.

Building Block 1: Engaged stakeholders

Stakeholders, who provide technical leadership and advocacy in the field of SCM, as well as human resource management.

Building Block 2: Optimise policies and plans

Policies, plans and associated standard operating procedures that support human resource capacity development and management, including financing and human resource information systems.

Building Block 3: Workforce development

Initiatives that focus on identifying and building a robust workforce, including recruiting, competency modelling and development, and pre-service and in-service education.

Building Block 4: Increase performance

Management Initiatives that identify and enhance workforce performance, including retention, supervision, mentoring and coaching, and task shifting.

Building Block 5: Professionalisation of SCM

Processes designed to establish supply chain roles or a set of professional responsibilities/competencies, including minimum pre-service education, professional networks and registration.



Burkina Faso: Following a HR for SCM assessment, mapping of cadres and their competencies is a clear priority in Burkina Faso.



Dominican Republic: Government is prioritising SCM cadre restructuring at the central level and in hospitals.



Ethiopia: An increased focus in HR for SCM is expected as work on supply chain strengthening is conducted across Ethiopia.



Indonesia: HR for SCM has been adopted in Indonesia, and PtD is helping bring together a variety of partners involved in SCM.



Liberia: SCM partners are looking at how to work more closely to appropriately meet education requirements for SC personnel in Liberia.



Mozambique: The MoH recently approved a new pharmaceutical logistics strategic plan that is likely to bring significant reform of HR structures and systems for public health supply chain managers.



Namibia: A recent focus on HR for SCM revealed the need to strengthen the SCM pre-service curriculum offered in Namibia.

How can PtD help?

- Provision of advocacy materials and strategies in response to requests on issues relating to HR in SCM
- Development and/or application of country specific best practice approaches, tools and evidence for HR for SCM country based interventions
- Facilitation of linkages where an identified need exists (e.g. technical expertise, resource mobilisation, etc.)
- Encourage exchange of country-experiences (south-to-south learning).

How can you engage with PtD?

Interested in becoming a member?

Visit: www.peoplethatdeliver.org

Interested in joining a working group? Contact:

info@peoplethatdeliver.org

For general enquires email: info@peoplethatdeliver.org



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PEOPLE that DELIVER

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

WHY human resources in supply chain management are important & HOW can they be strengthened?

Effective and efficient supply chains are vital in ensuring communities receive the medicines, vaccines and health supplies they need. However, the health supply chain is often the weakest link in achieving global health-related goals such as improving maternal health, reducing child mortality, and combatting diseases. It is estimated that up to one-third of the world's population has limited access to essential medicines.

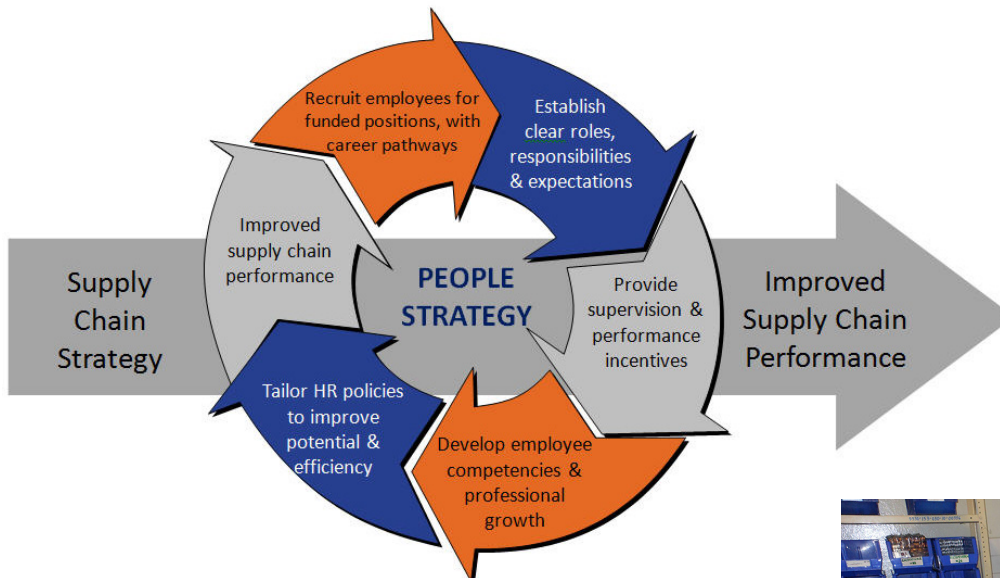
Health supply chains are complex. They can be government or privately run or a combination of the two. The supply chain can extend from the national/central level through to a regional or district level, then on to the community level right to the point of delivery.

In-country, supply chains may manage a large number

of commodities (e.g. traditional government run health supply chains), others may be commodity or programme specific (e.g. immunization, reproductive health etc.).

All health supply chains need competent and qualified personnel. This requires a dedicated workforce with training and experience in medicine selection and use of health commodities, quality assurance, procurement, storage and distribution, as well as a focus on the development of in-country infrastructure to support these activities.

A government or organization that proactively plans, implements policies and procedures associated with HR, can improve overall supply chain performance.



Human resources are a key performance driver within supply chains. A systematic approach to HR, with a defined 'people strategy' as part of a broader supply chain strategy, can lead to improved supply chain performance.

*(Figure modified from USAID | DELIVER Project 2013)

HR Building Blocks for Supply Chain Management

PtD supports governments and organizations to improve supply chain performance by advocating for country-based interventions to strengthen the following five building blocks that underpin effective HR management in public health supply chains:

- Building Block 1: Engaged stakeholders
- Building Block 2: Optimise policies and plans
- Building Block 3: Workforce development
- Building Block 4: Increase performance
- Building Block 5: Professionalisation of SCM



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For more information on PTD, please visit www.peoplethatdeliver.org

Implementing systematic HR for SCM interventions:

Individual governments and organizations may face a range of problems when considering HR for SCM in their specific context. A vital step is assessing the strengths and weaknesses of the current human resource system and how this contributes to supply chain performance. PtD recommends the **HR for SCM Assessment Guide and Tool**,

developed by USAID/DELIVER Project, <http://deliver.jsi.com/dhome/whatwedo/capbuilding/cbhrscm>.

The following table provides some possible actions and supporting tools that can be used to mitigate the problems identified through the HR for SCM assessment.

	Problem	Action	Tool
1	Engaged stakeholders	HR for SCM not a MOH priority	Schedule meetings with members of MoH PtD Advocacy tools: www.peopletthatdeliver.org/
		Don't have a SCM Stakeholder Group	Engage with other stakeholders Leadership guidance material: www.capacityplus.org/sites/intrah.civicactions.net/files/resources/Guidelines_HRH_SL_G.pdf
2	Optimise policies & plans	Inadequate leadership of supply chain strategic planning and operations	Develop SCM leaders Leadership Management & Governance Project: https://www.msh.org/our-work/projects/leadership-management-and-governance-project
		Don't have a SCM Strategic Plan	Create a strategic plan using results from HR for SCM assessment www.ctb.ku.edu/en/tablecontents/chapter_1007.aspx
		Don't have a HR workforce plan for SCM	Create a HR plan WHO tools: www.who.int/hrh/tools/models.pdf
		Don't have SCM SOPs	Access model SOPs PSM Tool box: www.psmtoolbox.org/en/
		Don't have a budget allocation for HR for SCM	Learn how to budget for HR www.who.int/workforcealliance/knowledge/resources/rrt/en/index.html
		Don't have an SC organizational structure that identifies a career path	Review other SCM organisational structures for ideas In development (PtD) www.creately.com/diagram-type/org-charts Map your organisational structure
3	Workforce development	Don't have recruiting policies and SOPs	Review HR policies, then create your own Supply chain recruiting toolkit: http://deliver.jsi.com/dhome/whatwedo/capbuilding/cbhrscm/cbscrtmain
		Don't have defined competency frameworks for all cadres and levels	Apply the PtD competency compendium and tools to your situation In development (PtD)
		Don't have job descriptions	Review sample SCM job descriptions Work with personnel to develop job descriptions In development (PtD)
		Missing a SC education and training strategy linked to competency	Review available SCM options Apply the PtD education and training strategy tool LAPTOP: www.rhsupplies.org/resources-tools/laptop.html In development (PtD)
4	Increase performance	Missing performance management, policies, procedures and tools	Review performance management advice, example policies and procedures, then create your own www.washington.edu/admin/hr/roles/mgr/ee-performance/perfmgmt/
		Don't have retention and performance incentives	Review guidelines to improve retention and workforce migration WHO guidelines: www.who.int/workforcealliance/knowledge/resources/retentionguidelines/en/index.html
		Don't have supportive supervision guidelines	Develop Human Resource indicator monitoring that meets your needs In development (PtD)
5	Professionalise SCM	Your SCM personnel are not linked with a professional organization	Inform personnel of possible organizations they can join Public Health Logisticians (IAPHL), www.iaphl.org/ (English) www.resolog.org (French)

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

**Human Resources for Health Supply Chains:
A step by step approach for HR Capacity
Development in health SCM**

August 2015

Contents

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Overview

Strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and managerial capacity. This document presents a stepped approach to systematically assess HR for SCM in country contexts and provides supporting tools and guidance that may aid interventions.

This document is designed for use by managers and leaders responsible for the development of health supply chains in low and middle income environments.

Electronic copies of this document which contains active web links to suggested tools and guidance can be found at:

The **People that Deliver** website www.peoplethatdeliver.org



For more information on the content of this document please e-mail info@peoplethatdeliver.org

A step by step approach for HR capacity development in health SCM

Step 1: Assess your current approach and status of HR in health SCM

Human Resource Capacity Development in Health SCM: Assessment Guide and Tool:

USAID|DELIVER, 2013

This assessment methodology and planning tool assists health supply chain managers assess and improve the management and capacity development of their human resources by engaging local SCM stakeholders in five interrelated building blocks: 'engaged stakeholders', 'optimize policies and plans', 'workforce development', 'increase performance and workforce retention' and 'professionalize SCM'.

The tool identifies opportunities for improvement and aids in the development of an HR capacity development plan that compliments broader supply chain strengthening and health system strengthening efforts.

Step 2: Develop a competency map for all staff engaged in health SCM activities

The PtD Competency Compendium for Health Supply Chain Management: PtD, 2014

PtD Competency Compendium: Health Supply Chain Competency Mapping in Namibia, 2014

This competency compendium and further guidance from Namibia demonstrates how to create SCM competency frameworks for different cadres of supply chain workers. The compendium draws on 20 competency frameworks and related documents from a number of global organizations.

The PtD Health Supply Chain Competency Framework for Managers & Leaders, PtD, 2015

This globally validated framework has 6 domains; technical (i. Selection & quantification, ii Procurement, iii. Storage & Distribution, iv. Use), and managerial (v. Resource Management, vi. Professional & Personal), with 33 competency areas.

The framework defines the skills, competencies and associated behaviours that are required for effective supply chain management. It can be used to map existing competencies with desired competencies at all levels of the system and inform a capacity development plan to address the gaps. Defining what is needed for sustainable health SCM.

Step 3: Prepare a health supply chain strategic plan with a strong HR component

Process Guide and Toolkit for Health Supply Chain Systems Strengthening, UNICEF, 2015

(available shortly from the PtD website)

This toolkit brings together all the elements defined in steps 1 to 3 and other resources to support countries in developing an integrated strategic plan for health supply chains that contains a strong HR component.

Step 4: Assemble costed and funded operational plans that align with Step 1 & 3

These plans can use the wide range of existing tools and guidance noted in Annex 1 to prioritise the activities needed to improve weak HR building blocks

Country Guide: Applying for Health Supply Chain Management Development Funds, PtD, 2014

This guide is created to aid health supply chain managers in their application for funds for development, acknowledging that no direct funding stream for HR in SCM exists, but the systematic strengthening of HR for SCM forms part of a strategic & planned approach to systems strengthening.

This table summarizes problems that may be revealed by a HR for SCM systematic analysis, suggests actions that may be taken & identifies available tools and guidelines.

Appendix 2 documents the evidence supporting the need for an increased focus on HR in health SCM and Appendix 3 provides a more detailed explanation of the tools and guidance available to support advocacy for increased professionalization & systematic approaches to HR in health SCM.

		Problem	Action	Tool*
1	Engaged stakeholders	HR for SCM not a MOH priority	Develop an advocacy plan and engage with MoH leaders	A
		Don't have a SCM Stakeholder Group	Engage with other stakeholders and develop national health supply chain working groups	B, C
		Inadequate leadership of supply chain strategic planning and operations	Develop SCM leaders	C, D
2	Optimise policies & plans	Don't have recruiting policies and SOPs	Review HR policies, then create your own	E
		Don't have a SCM Strategic Plan	Create a strategic plan using results from HR for SCM assessment	Go to Step 1 page 3
		Don't have a HR workforce plan for SCM	Create a HR plan using workload evidence	G,H
		Don't have SCM SOPs	Access model SOPs	I
		Don't have a budget allocation for HR for SCM	Learn how to budget for HR and work with stakeholders to develop appropriate HR budgets	J
		Don't have an SC organizational structure that identifies a career path	Review other SCM organizational structures for ideas Map your organizational structure	AB, AC, AD, AE
3	Workforce development	Don't have defined competency frameworks for all cadres and levels	Apply the PtD competency compendium and tools to your situation	Go to Step 2 page 3
		Don't have job descriptions	Review sample SCM job descriptions Work with personnel to develop job descriptions	E,F
		Don't have adequate SCM education and training opportunities	Review available courses Develop SCM education and training plan with stakeholders	K,L,M,N,O,P, Q.R
4	Increase performance and staff retention	Missing performance management, policies, procedures and tools	Review performance management advice, example policies and procedures, then create your own	S,T,U.V.W,
		Don't have a retention strategy	Review guidelines to improve retention and reduce workforce migration	V,W,X,Y
		Don't have supportive supervision guidelines	Develop guidelines suitable to your context	X
5	Professionalise SCM	Your SCM personnel are not linked with a professional organization	Encourage professionalization in your system Inform personnel of possible organizations they can join	Z, AA
*Letters and numerals noted here refer to tools and guidelines explained in further detail in the 'Tool and Guideline Repository', Appendix 1.				

Appendix 1: HR for health SCM tool and guideline repository

1. Engaged stakeholders

- A. **Advocacy toolkit for professionalization & systematic approach to HR for HSCM**, PtD 2013
Government and health supply chain leaders need to be aware of the importance of health supply chains to improved health outcomes. PtD has put together this toolkit, which includes four tools to aid advocacy efforts: (1) a 2-page brief that outlines key messages, (2) a 2-page brief that describes People That Deliver, (3) an advocacy slide presentation that can be adapted for particular contexts, and (4) links to a variety of advocacy videos on the importance of health supply chains and the need to focus on human resources in health and (5) Making Smart Investments - Facilitator Guide and Slides.
- B. **Tips & Tools for Strengthening Contraceptive Security Committees**, K4Health, 2013
The Toolkit for Strengthening Contraceptive Security Committees provides tips and tools that countries can use to improve the effectiveness and sustainability of their contraceptive security (CS) committees.
- C. **Guidelines for Forming and Sustaining HR for Health Stakeholder Leadership Groups**, CapacityPlus, 2011
These stakeholder leadership group (SLG) guidelines are intended to provide a practical, clear, and user-friendly set of actions that human resources for health (HRH) leaders at the country level can take to successfully launch and sustain SLGs.
- D. **Leadership Management & Governance Project (LMG)**, MSH
This project is collaborating with health leaders, managers, and policy-makers at all levels to show that investments in leadership, management, and governance lead to stronger health systems.
- ### 2. Optimize policies & plans
- E. **Recruiting Supply Chain Professionals: A Guide for Finding & Selecting Performers**, USAID|DELIVER, 2013
This ready reference guide leads users through the steps required to hire the right supply chain professionals, in the right quantities, with the right skills, in the right place, at the right time, and for the right salaries. It also includes templates that will be helpful at each stage of the process.
- F. **Health supply chain job descriptions from the Dominican Republic** (will be available from PtD Website shortly) CapacityPlus, 2014
Working with MoH CapacityPlus developed a set of health logistics and supply chain job descriptions for all staff involved in the health supply chain. This example can be modified for wider application.
- G. **Workload Indicators of Staffing Need (WISN)**, WHO, 2010
The WISN method is based on a health worker's workload and determines how many health workers of a particular type are required to cope with the workload of a given facility and assesses the workload pressure of the health workers in that facility.
- H. **HR for Health: Models for projecting workforce supply and Requirements**, WHO, 2001
WHO suggested projection models to facilitate the long-range planning of health personnel. This document describes Version 3.0 of these models and provides instructions in their use.
- I. **Procurement and Supply Management (PSM) Toolbox**, WHO, 2007
This platform is a database that lists available PSM tools and is presented in the form of a search engine to find and select PSM tools that are needed for a particular PSM technical area of interest.
- J. **Resource Requirement Tool (RRT) Guidelines**, WHO, 2008
RRT is a Excel-based tool to apply to: (i) estimate the resources required for meeting their HRH plans; (ii) analyze the plans' affordability; (iii) simulate "what if" scenarios; (v) contribute to the development of the cost and financing component of Human Resource Management Information Systems.

3. Workforce development

K. **LAPTOP (Learning and Professional Training Opportunities for Public Sector Health Commodity Managers)** RHSC

LAPTOP serves as an information clearinghouse on professional development opportunities for health commodity managers in developing countries. The database includes courses that focus on the development of practical skills that have the potential to result in more professional management of public sector supply chains and therefore in improved product availability in country. These include classroom-based courses and workshops, self-directed distance learning programs, and degree programs.

L. **Initiating In-Country Pre-Service Training in Supply Chain Management for Health Commodities: Process Guide and Sample Curriculum Outline**, USAID|DELIVER, 2010

This process guide and sample curriculum outline offers programs, governments, and projects interested in implementing PST for supply chain management of health commodities a general understanding of the process, stages, steps, and activities required for initiating a successful PST training program.

M. **Scaling Up Health Workforce Education: Guide for Bottlenecks & Best Buys Approach**, CapacityPlus, 2015

This CapacityPlus tool is designed to help educational institutions identify obstacles to increasing the production of competent & qualified graduates that can be overcome through strategic investments.

N. **Transformation & scale up of Health Professionals' Education & Training**: WHO, 2013

These guidelines are part of the WHO program on the Rapid Scaling Up of the Health Workforce.

O. **A Global Framework for Quality Assurance of Pharmacy Education**: FIP, 2008

This document provides a framework for developing and assuring ongoing quality education at the academic level. Pharmacy is used as an example, while the principles can be applied to all academic education.

P. **A Global Improvement Framework for Health Worker In-service Training: Guidance for Improved Effectiveness, Efficiency and Sustainability**, USAID ASSIST PROJECT, 2013

This short report describes the improvement framework for in-service training programs that was developed by the USAID Health Care Improvement Project in collaboration with key stakeholders. The report describes the final set of 40 in-service training improvement recommendations developed through a consensus process with representatives of key stakeholder groups.

Q. **eLearning for undergraduate health professional education - a review**, WHO, 2015

This review provides evidence to inform and guide health professional education as an important vehicle in preparing health professionals to be 'fit-for-purpose'.

R. **Supply Chain Performance Improvement Program at the Central Medical Store in Namibia**, SCMS, 2015

This report documents a modular, adaptable three phase approach (Initiation, On-site training, Post-Review), to build capacity in Central Medical Store (CMS) staff in ISO-accredited warehousing best practices in Namibia.

4. Increase performance and staff retention

S. **Options Guide: Performance-Based Incentives (PBI) to Strengthen Health Supply Chains (Version 1)**, USAID|DELIVER, 2012

This guide is intended to facilitate the development of successful PBI initiatives to strengthen supply system performance in low- and middle-income countries.

T. **Commercial Sector Performance-Based Financing Offers Lessons for Public Health Supply Chains in Developing Countries**, USAID|DELIVER, 2013

This brief explores ways that health supply chain managers can adapt commercial sector performance incentives to improve supply chain performance.

U. **Performance-Based Incentives for Public Health Supply Chains: Training Toolkit**, USAID|DELIVER, 2013

This training toolkit introduces the basics of performance-based incentive (PBI) schemes for the public health supply chain. It includes everything trainers need to conduct a training workshop, from a training PowerPoint and facilitator notes to a sample agenda and PBI flash cards.

V. **Performance Management Toolkit**, USAID | DELIVER PROJECT, 2015

This kit provides step-by-step guidance and resources for health supply chain workers with performance management responsibilities. The toolkit gives you practical advice and ready-to-use tools, including templates for writing job descriptions, tips for goal setting, guidance on supportive supervision, and sample forms for employee evaluation.

W. **Increasing access to health workers in remote & rural areas through improved retention:**

WHO, 2010

WHO proposes sixteen evidence-based recommendations on how to improve the recruitment and retention of health workers in underserved areas. It also offers a guide for policy makers to choose the most appropriate interventions, and to implement, monitor and evaluate their impact over time.

X. **Application of Discrete Choice Experiments to Identify Health Workers' Employment Preferences:** WHO, 2012

The Discrete Choice Experiment (DCE) methodology described in this user guide is a quantitative research method that can measure the strength of preference and trade-offs of the health workers toward different job characteristics that can influence their decision to take up rural postings.

Y. **Supportive Supervision of Supply Chain Personnel (Video)**, USAID|DELIVER, 2014

This short animated video provides examples of supportive supervision best practices, and suggests specific steps on how to conduct a successful supportive supervision visit for facility-level supply chain staff. The video provides practical advice and tips for management level staff on how to be an effective, supportive supervisor for supply chain activities.

5. Professionalize SCM

Z. **Professionalization of Under-Recognized Health Worker Cadres:** CapacityPlus, 2014

This brief provides an overview of the Life Cycle Approach, which has been developed to systematically address all the crucial steps in the professionalization of under-recognized health worker cadres.

AA. **Engage with health SCM professional organizations**

[APICS](#) (American Production and Inventory Control Society), [CSCMP](#) (Council of Supply Chain Management Professionals), [CIPS](#) (Chartered Institute of Procurement and Supply), [CILT](#) (Chartered Institute of Logistics and Transport), [IAPHL](#) (International Association of Public Health Logisticians), [RESOLOG](#) (Francophone health supply chain professional society), [Technet 21](#) (Technical network for strengthening immunization services).

5. Global Toolkits and case studies

AB. **PtD HR for SCM organization case studies**, LMI, 2015

These case studies document HR for SCM approaches within organizations. Imperial Health Sciences and the Government of Sudan are featured.

AC. **HR for SCM: Perspectives from Supply Chain Leaders**, Gavi Alliance People and Practices Working Group, 2015

These case studies highlight the experience of a range of supply chain managers, providing insights into HR approaches of private companies and noting key points that may be applied to country contexts.

AD. **PtD Namibia Synthesis report PtD Namibia**, PtD 2015

Results and Recommendations from the collaboration of the “People that Deliver” Initiative, the Ministry of Health and Social Services, SCMS and CapacityPlus, 2015.

AE. **Immunization Supply Chain Managers HR toolkit**

Gavi Alliance People and Practices Working Group, 2015 (*available shortly from the PtD website*)

This kit provides a grouping of the HR tools and approaches put together by the Gavi Alliance People and Practices Working Group.

AF. **The Family Planning Logistics Toolkit**, K4Health, 2014

This toolkit shares evidence-based guidance & tools for strengthening & managing family planning logistics systems.

AG. **Promising Practices in Supply Chain Management - Series of Briefs**: UN Commission, 2014

These briefs provide ministries of health and partners with guidance on ways in which countries have addressed supply chain barriers & challenges including HR.

draft

Appendix 2: Evidence supporting the need for an increased focus on HR in health SCM

Literature Review, PtD, 2011, EN, FR

This paper presents the results of a review of published literature related to workforce excellence in supply chain management in developing countries.

Situation Analysis, PtD, 2011, EN, FR, SP

2011 This paper examines the current situation for healthcare supply chains in low- and/or middle-income countries (LMICs), how the public and private healthcare supply chains in these countries are organized, and how they perform using some key availability and affordability indicators.

Landscape Analysis on Future Immunization Supply & Logistics Systems, Project Optimize, 2011, The analysis allows better understanding of the work underway by all global stakeholders in this area.

Applying the HRH Action Framework to Develop Sustainable Excellence in the Health Supply Chain Workforce, CapacityPlus, 2013

This technical brief creates a bridge between the SCM and HRH communities by describing how the HRH Action Framework can be applied to strengthen the health supply chain workforce, drawing on lessons learned and successes from applications in the wider health sector.

Gavi Alliance Supply Chain Strategy Evidence Review, 2014

This review led by the Gavi Alliance People and Practices Working Group supports the proposed hypotheses on HR in SCM, and the recommended interventions for countries looking to strengthen HR.

PtD submission to GHWA Global Strategy on Human Resources for Health, PtD, 2014

This submission assembles the currently available evidence supporting the need to focus on the human resources in health logistics and supply chain.

Cadres that were not considered in the first round of strategy papers.

The 7 Habits of a effective Health Supply Chain Professional, Pamela Steele, 2014

Pamela Steele, invited members of the International Association for Public Health Logisticians (IAPHL) to participate in an online discussion on *'the habits of a highly effective health supply chain practitioner'* Specific contributions made by the IAPHL members are summarized [here](#).

IAPHL – PtD Discussion on HR in SCM, PtD, 2015

This report summarizes the discussion around three HR for SCM themes: i. HR as a barrier to effective health supply chains ii. Taking a systematic approach to human resources for supply chain management iii. Pre service education and continual professional development.

A Realist Review: HR Development in SCM of Health Commodities PtD, 2015

These review presents a systematic analysis of what publicly available UN literature articulates concerning issues regarding human resources in health supply chains.

IAPHL – Gavi Discussion on HR in SCM, 2015

Gavi, The Vaccine Alliance, in coordination with the People and Practices Priority Working Group of the Gavi Alliance Immunization Supply Chain Strategy, asked IAPHL members to participate in a discussion about human resources (HR) in supply chain management (SCM). The aim of this discussion was to better understand the academic profiles, career paths and job descriptions of supply chain managers.

Appendix 3: Tools to support advocacy for increased professionalization & systematic approaches to HR in health SCM

These tools equip and guide SCM leaders and managers to engage in advocacy efforts with government leaders and decision makers.

[United Nations Children's Fund. 2010. Advocacy Toolkit: A Guide to Influencing Decisions that Improve Children's Lives.](#) UNICEF, 2010

The toolkit draws from UNICEF's long standing experience, systematizing and coordinating both internal and external advocacy expertise, as well developing a few innovative approaches. The Toolkit provides a set of practical tools to help UNICEF staff and partners in the development and management of their advocacy work.

[WHY HR in health SCM are important & HOW can they be strengthened?](#), PtD, 2014, [SP](#)

A two-page brief that outlines the key messages describing the importance of HR for SCM and how country based change can take place.

[WHO is PtD and how does it operate?](#), PtD, 2014, [SP](#)

A two-page brief that describes who PtD is, its focus and activity.

[HR for SCM advocacy slide presentation](#), PtD, 2014

A PowerPoint slide set that you can use to develop your own presentations advocating for country based change.

[Advocacy videos](#), PtD, 2014

These videos support the importance of health supply chains, how medicine availability improves health outcomes, & the need for human resources.

[Workshop Material Making Smart Investments - Facilitator Guide and Slides](#), PtD, 2014

This guide with resources, provides a customizable approach to orienting small-to-medium sized groups on the role and impact of HR in health SCM.

2nd PtD Global Conference on HR for SCM, October 2014

The outputs of the conference form the detailed record of the progress PtD has made to date:

- [Conference Statement and Commitment to Action](#),
- [Conference Proceedings](#) published in the Journal for Pharmaceutical Policy & Practice,
- [Conference Summary](#) document, and
- Video recorded conference presentations ([Day 1](#), [Day 2](#)).