

Summary of IAPHL discussion

“Shining the spotlight on people”

June 2016

Introduction

We all know that whenever supply chain challenges are discussed or assessed, inevitably human resources or lack of capacity comes up as one of the key bottlenecks. Nearly always the response is to include more training in whatever improvement plan is being developed. But is a pure lack of capacity really the issue here? Are we really saying that logisticians, pharmacists, doctors and nurses who have gone through years of higher education and are saving lives in circumstances where one has to constantly improvise and stretch one’s imagination to the fullest, lack the capacity to understand or complete basic supply functions like entering information into a stock register? After all we effectively run supply chains in our homes, we forecast what we need based on consumption, procure at the best value for our money, store it in the right place, distribute it when needed and monitor our supplies to ensure they do not run out. So is it really a lack of capacity that is at the root cause of human resource issues?

In this discussion, we wish to push the boat a little and be somewhat provocative so that we can attempt to get to the “real” issues surrounding human resources. We look forward to an open and frank discussion that includes all perspectives. To quote Peter Drucker, “It is more important to do the right thing than to do things right.” Through this conversation we hope to better understand what the right thing is.

The **four sub-topics covered**: capacity, performance and root causes, supply chain leadership, comprehensive planning for HR and the way forward.

1. Capacity, performance and root causes

In the first sub-topic (1/4) moderated by Musonda Kasonde, Capacity Development Manager for Government Supply Chain Strengthening at UNICEF Supply Division and Philippe Jaillard, Program Leader for Health Technologies and Logistics at AMP, we asked:

- *What is going on with human resources in the supply chain? Is it really just a lack of capacity? Is it a case of know and just don't do, know but can't do, or know and won't do?*
- *And if so what are the root causes of weak performance? What would enable good performance and compliance?*

The thoughts and experiences shared included:

- **Workload** and not understanding the roles, not appreciating that supply chain (SC) is part of the core function and not just an additional task, leading to a lack of **motivation**
- Lack of national **policy** governing HR issues. The HR for SCM plan needs to be aligned with national HRH policies
- **Priorities**, clinicians are busy people who are used to seeing quick results and immediate value in the treatment and health services they provide. Stock management is always an afterthought.
- Supply chain training tends to be too narrow, focusing on very specific SC tasks e.g. inventory management. **Training** should have a **broader viewpoint** and highlight

interdependencies in the SC as well as have an increased focus on soft skills e.g. leadership and problem solving.

- The **attitude** of the supervisors and the need to encourage creativity and initiative
- **Remuneration** and its effect on staff motivation and morale
- The need to **empower** nurses/health workers at the peripheral levels to perform these functions, for them to be recognized as key to effective supply chains and to build on their general capacities so that they adopt good practices in supply chain management.
- Availability of health products is a powerful motivating factor for health personnel in performing their preventive and curative tasks. Even though SC management is not generally included in nurses training, they do appreciate the importance of good management of commodities and are actively and constructively involved in supply chain management.
- Good **working conditions** that are attractive to retain skilled staff. By good working conditions we mean: 1) position high in the organogram, 2) power, 3) good salary and 4) respect and then ask for results and accountability, not the other way round.
- Position high in the organogram to allow supply chain managers to sit on the **decisions makers'** table.
- **Power/Authority** and means to motivate but also to impose **sanctions** to whoever for wrong doing.
- Selecting the **right participants** for training and only issuing certificates of completion when there is evidence that the training is being applied in the workplace.
- We see people who have attended the same or similar training several times, and who still insist on attending more with no evidence of improvement.
- When would capacity building activities such as training, support & supervisory visits, on the job coaching and mentoring, etc. ever be considered enough or adequate by service delivery or technical personnel? Probably never!!!
- Once training is done then appropriate **reward and recognition** systems should be put in place to adequately motivate staff to consistently perform well, but also that **appropriate punishment** be applied to erring personnel.
- Emphasis on **mentoring**. Any meaningful public health program should include a **robust supply chain capacity building program** to match which should also leverage the private sector
- Totally **segregate the functions** and hire a logistics firm that is accountable for maintaining supplies at the health facilities
- **Salary** and the fact that government cannot increase salaries for health workers without doing the same for other government workers.
- There is a place for training, just needs to be targeted
- The **performance management** system that ensures reward, accountability and feedback is not applied. There is little or no motivation for growth.
- Taking into account the **system design** of the supply chain and how it impacts the work that nurses at district hospitals and health centers are required to do. In some situations, the supply chain depends on nurses going to fetch commodities from district or health zone levels, which then reduces the amount of time they have to provide clinical care. Good models include the informed push system in Senegal for family planning products, and informed push systems in Benin in Mozambique for vaccines.

- Lessons learned from France in the way the government engaged **private sector** pharmacists at district level as well as in Burkina Faso where they increased positions and budget allocations for pharmacists at district level who also supervise health centres.
- Again workload and multiplicity of paper-based reporting tools/systems that require intense labour in addition to other core responsibilities
- Partnership between public and private sectors -- as being shown in Senegal -- where Government provides strong oversight and incentivized private providers provide consistent "last-mile" access to commodities.
- Nurses/Health worker SCM capacities should be strengthened in the broader context of managing the health system at the health post level, including **financial management**, performance based financing, cost recovery and community participation
- More emphasis on **Public Private Partnerships**. Governments have a responsibility for making medicines, vaccines and other health commodities available and accessible to everyone. But this does not mean that governments should be operating supply chains or employing supply chain workers.
- We can also **incentivize** health care workers to take more interest in what's going on in their supply room. National and community health insurance schemes--increasingly seen as essential to achieving universal health coverage--need to be structured to incentivize good health outcomes and not just pay for health inputs. Good example from Romania.
- Let's have **adequate supply chain officers** at every level and in particular district Pharmacists, Provincial pharmacists, regional pharmacists and then the other supply chain officers, Logisticians, Pharmacy technicians, dispensary assistants, Pharmacy assistants who are well trained and well-motivated to manage an effective supply chain.
- The need for a **systematic HR development plan** that is adequately funded and ensures staff with appropriate technical and managerial skills
- Our systems favor degrees over know how/expertise and individual behavior. There needs to be a better awareness of **inter-dependencies** along the supply chain and **clear definition of responsibilities**
- The need to establish coordination and communication mechanisms between the various actors involved in the supply chain
- And finally **Leadership** in the supply chain. This is an area that most developing countries have challenges. Supply chain activities only become important when health facilities experience stock outs.

2. Supply chain leadership

The last point raised in the above sub-topic on leadership led us nicely into the next sub-topic (2/4) moderated by Dominique Zwinkels, Executive Manager for People that Deliver and Bridget McHenry, Organizational Development Advisor at USAID which looked at supply chain leadership, this being a critical consideration for building the supply chain workforce.

We asked:

- *What are the key strategies to develop the leadership skills, technical and management competencies required to effectively manage public health supply chains? What knowledge, skills, and attitudes help a supply chain manager become a strong leader?*

- *In your own supply chain context, what are some concrete examples and experiences of how strong leadership (or the lack thereof) had a real, noticeable impact on supply chain systems and the supply chain workforce?*
- *Is there a role for the private sector in the public health supply chain leadership development? What might that look like?*

In your responses, you highlighted that public health supply chains remain a low priority for health authorities. Contributing to this is the strong dependence by countries on external sources of financing, which undermines the supply chain. If commitment exists from authorities, solutions can be found to the major challenges in supply chain management.

Staff in charge of supply chains need training, but the problems are beyond staff training. Managers responsible for resources at health facilities are often not in official positions. Until recently, supply chains were not well positioned within operational structures, and as a result, individuals with a variety of different qualifications -- but not supply chain -- filled functions in the management of the public health supply chain.

It is therefore important to clearly define roles and responsibilities that can create a framework for exchange of good practices on supply chain management. For instance, when nurses are recognized as leaders, teams are mobilized, agreements are made on pricing, and there are less stockouts and overstocks. Product availability improves the utilization of services, and in turn, generates the revenue needed for continued existence.

A key strategy to develop leadership skills is the peer learning approach, which provides the competencies to effectively manage a public health supply chain. A role for the private sector in the public health supply chain leadership development is evident in many African countries. There is a material and financial benefit to all those involved, with the community benefitting from better access to products and health districts with access to revenue.

3. Comprehensive planning for HR

In our third subtopic (3/4) moderated by Ruby Headley, Humanitarian Resilience and Relief Program Manager, UPS seconded to Gavi and Abre Van Buuren, Manager - Africa Supply Chain Academy at Imperial Health Sciences we looked at planning for human resources:

- *What are the components of a comprehensive human resources development plan that addresses all HR issues, not just limited to training?*

Again the feedback was comprehensive, informative and refreshingly frank! We shared that a comprehensive human resource capacity development plan should include all of the following components:

- Staffing (recruit & select the right people for the right job),
- Training and development (help new employees acquire the skills needed to perform and help current employees to grow & enhance their skills)
- Retention strategy (keep the best employees on the job and attract new talent)
- Compensation & benefits provided in addition to the pay check
- Develop & communicate basic workplace policies relating to safety, security, work scheduling, vacation times, and flextime schedules.
- Regulatory issues (employment & healthcare regulations)

Compiling all the input you shared over the week regarding the implementation (or not) of a comprehensive human resources development plan, the following key points were raised:

- There is a need to develop an Assessment Guide and Tool for HR Capacity Development in Public Health Supply Chain Management. *(Such a tool already exist thanks to the USAID/DELIVER PROJECT in collaboration with People that Deliver)*
- In some countries where this assessment tool has been used, universities and other training institutes now include a supply chain management syllabus in their academic offering
- Ministries of Health must make provision for professional recognition of the supply chain function at national level
- Talent retention is a problem since trained staff tend to migrate out of the public health sector towards better paying jobs
- Remuneration with “money” alone cannot fix the talent erosion. It must be combined with other motivational tools (performance based bonus, promotion, recognition, etc..)
- There is need for the development of job aids such as SOPs and clear job descriptions to guide personnel in determining their role and relevance in the supply chain.
- On the job training is the tool of choice for most supply chain functions due to high staff turnover
- We must make use of available resources such as PtD, MSH, Empower School of Health, IAPHL, for the improvement and strengthening of existing knowledge and skills
- Training in management type soft skills such as leadership skills is greatly needed
- Hiring management level supply chain staff is a lengthy and time consuming process in certain countries
- A few participants responded to the question on whether we should privatize supply chain management in public health. The main response being, “not the entire supply chain” but certain functions should be! Let the experts handle the functions they do best!
- Considering the complexities and challenges of the public health supply chain (SC), governments should consider using a PPP model (Private Public Partnership) where appropriate in order to leverage the private sector promising practices and experiences (e.g. Coca Cola can reach remote areas that are inaccessible to the public health SC for distribution of medical supplies)
- According to Einstein (allegedly) “The definition of insanity is doing the same thing over and over again, but expecting different results”
- We did not go as far as to compare the handling of the SC in most countries but just wondered why it was so hard to combine all the ingredients of a comprehensive human resource capacity development plan into an enticing recipe for public health SC consumption.

4. The way forward

And finally in our last sub-topic (4/4) moderated by Musonda Kasonde, we attempted to pull it all together with some ideas on how to take this forward in our respective countries and contexts.

- *How can we actually make all this happen? Where do we need to see these activities reflected? In the national health strategy, the national supply chain strategy/improvement plan?*

- *In the annual workplan of the Ministry of Health? In HSS plans? How can we embed these activities into funding proposals?*
- *What will it take to make all these interventions sustainable in the long run?*
- *What is it that we can do starting tomorrow to make all this happen?*

To this we highlight some resources that are currently available to support planning and implementation of HR strengthening activities:

- [The PtD step by step approach for HR capacity development in health SCM](#)
- The UNICEF HR for Immunization Supply Chain Management Rapid Assessment Methodology ([English](#) and [French](#) versions)
- [The Gavi/UPS Leadership Development Programme \(STEP\)](#)
- [The UNICEF Process Guide and Toolkit for Public Health SC Strengthening through Capacity Development](#)
- [The Imperial Health Sciences Supply Chain Academy](#)
- [The AMP LOGIVAC Centre](#)

More related and relevant documents including case studies can be found on the PtD website. Just a few ideas to get started on the journey. All promote a comprehensive and systematic approach to HR capacity development that consider all factors.

The importance of **integrated planning** with other departments was also stressed as SC does not work in isolation. The need to create a culture of planning together, strategic 80/20 goal setting including resources and investments, organisation reviews, learning and recourse, setting the pace and measuring progress.

It is possible, it is feasible. Let us revisit this discussion in two years' time with some success stories!

Thank you all once again and thank you to the IAPHL team for all the work behind the scenes.