

Improving Health Outcomes through Sustainable Health Workforce Excellence in Supply Chain Management White Paper, 3rd Edition

In health services there are many different medicines and related supplies that are essential, **but *the most important commodity of all in a supply chain are appropriately trained staff*** – without appropriate human resources, no supply chain can be efficient and effective.

- *Permanent Secretary Kahijoro Kahuure, Ministry of Health and Social Services, Namibia*

EXECUTIVE SUMMARY

Reliable, well-performing health supply chains are essential for assuring access to health supplies, and thus for positive health outcomes. The health supply chain workforce therefore plays a vital role in the realization of global and country health goals, including the health-related Millennium Development Goals. The health supply chains of middle- and low-income countries, however, are typically unable to respond reliably to existing demands, putting both health supplies and health outcomes at risk. Limitations on supply chain performance stem, in part, from the lack of a qualified supply chain workforce within health systems, which in turn is due to human resource policies, strategies and practices that often do not favor the development of a sustainable and strong health workforce for supply chain management. The root cause of the problem is a lack of recognition of the essential strategic role of the health supply chain workforce within health systems and of the technical and managerial savvy required to run a supply chain successfully.

To address this challenge, a diverse group of country governments and national, regional and global organizations have come together under the *People that Deliver* Initiative. The shared goal of the Initiative is that *countries improve health outcomes by developing sustainable excellence in the health workforce for managing supply chains and for overcoming existing and emerging health supply challenges*. Through the member governments and organizations, the Initiative will promote sustainable workforce excellence for health supply chains with an approach that focuses on: 1) addressing diverse country needs, 2) accommodating the various roles and positions of supply chain personnel within health systems; and 3) harmonizing among members to develop resources, solutions and interventions that represent agreed upon best practices.

The Initiative has identified a series of priority interventions at the national, regional and global level required to make progress in developing sustainable workforce excellence for health supply chain management. The interventions span the needs in terms of advocacy, knowledge management, technical resources and guidelines, and research to strengthen the evidence base. The Initiative has created working groups to carry out these interventions, and has established a Board as the governing body for the Initiative. Furthermore, governments and development partners of seven focus countries - Burkina Faso, the Dominican Republic, Ethiopia, Indonesia, Liberia, Mozambique, and Namibia – have committed to working with the Initiative to strengthen workforce excellence for health supply chain management. The Initiative welcomes additional partners committed to strengthening access to health supplies and addressing human resources for health challenges to help us meet our shared goal.

THE CHALLENGE FACING THE HEALTH SUPPLY CHAIN WORKFORCE

Reliable, well-performing health supply chains¹ are essential for assuring access to health supplies, and thus for positive health outcomes. Health supply chains are managed and operated by a multitude of health system personnel, typically from diverse cadres and working at all levels of the health system (Figure 1). The health supply chain workforce² undoubtedly has a vital role in the realization of global and country health goals, including the Millennium Development Goals for improving maternal health, reducing child mortality, and combating HIV/AIDS, malaria and other diseases.

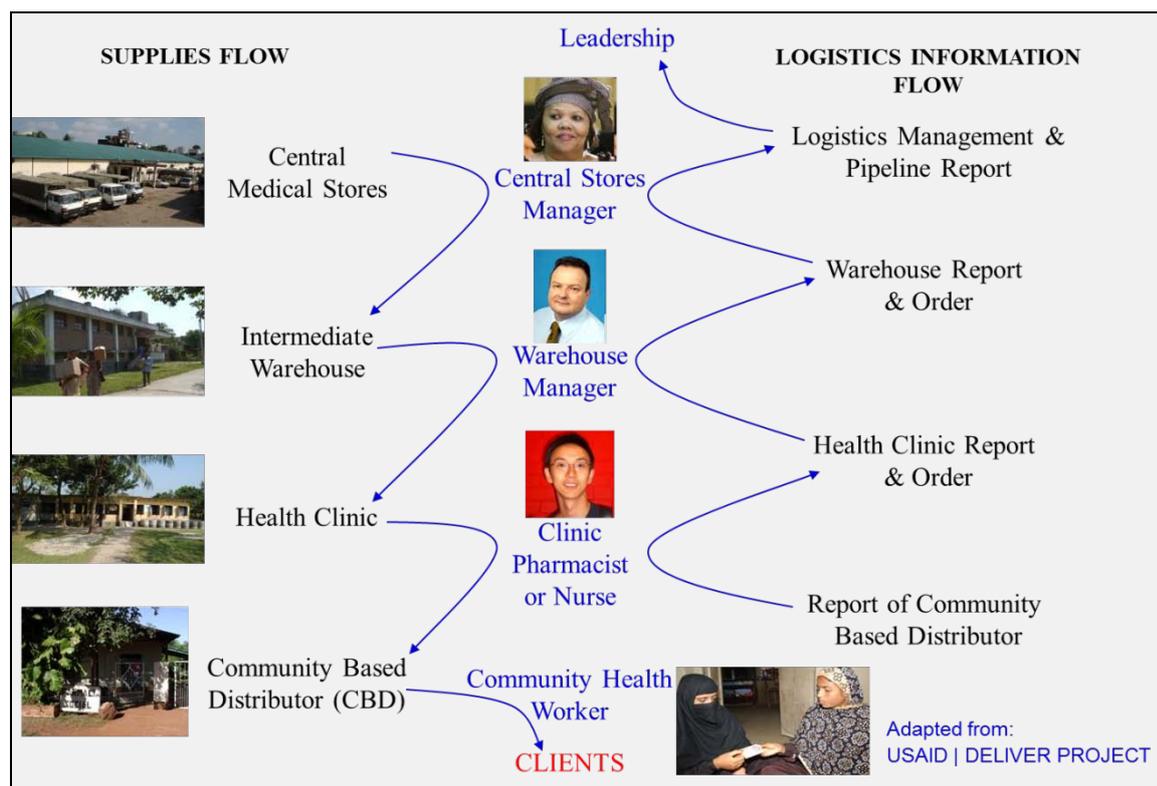


Figure 1: Supply chain performance in low- and middle-income country health systems depends hugely on the capacity of the human resources who manage and operate them, at all levels of the health system. Graphics adapted from the USAID | DELIVER Project.

Access to health supplies suffers from the low importance given to the supply chain and to the personnel who manage and operate it (Figure 2). Rapidly increasing health assistance

¹ For the purposes of this white paper, the health supply chain refers to in-country functions for ensuring availability of health supplies at service facilities or communities, including procurement, customs clearance, quality assurance, warehousing and storage, distribution, inventory management, logistics information management, and logistics monitoring and evaluation.

² For this white paper, the health supply chain workforce refers to persons responsible for overseeing or implementing specific supply chain activities, as defined in footnote 1. The health supply chain workforce may work at any level of the health system and may serve other functions as well, i.e., they may not be dedicated solely to supply chain management. They could be working in the public or private sector, though the public sector is of special concern because of the greater challenges in access to qualified personnel, training, incentives and resources for public sector personnel.

from multilateral and bilateral donors has significantly benefited health programs, but has also resulted in huge increases in the quantity and value of supplies flowing through health supply chains – a trend that will continue as newly developed products (many with demanding supply chain requirements) are introduced into developing country health systems. The health supply chains of middle- and low-income countries, are typically unable to respond reliably even to existing demands, putting both health supplies and health outcomes at risk. Limitations on supply chain performance stem, in part, from the lack of a qualified supply chain workforce³ within health systems, which in turn is due to human resource policies, strategies and practices that often do not favor the development of a sustainable and strong health workforce for supply chain management. The root cause of the problem is a lack of recognition of the essential strategic role of the health supply chain workforce within health systems and of the technical and managerial savvy required to run a supply chain successfully.



Figure 2: This figure demonstrates the challenge being addressed by the *People that Deliver* Initiative. Though the success of most health programs is utterly dependent on access to health supplies for patients, those supplies are often not available at health facilities. This is due in part to the lack of appropriate supply chain competencies and experience within the health supply chain workforce, and lack of empowerment of supply chain managers to influence relevant decisions and policies. Left photo © 1999 Jennifer Bowman, Courtesy of Photoshare.

The low status of the supply chain workforce within health systems of low- and middle-income country environments is characterized by lack of recognition that specific technical skills are necessary for good supply chain management, limited formal educational

³ Weaknesses in the health workforce for supply chain management is only one factor limiting health supply chains; other limiting factors include insufficient investment, poor information systems, poor infrastructure, and weak governance. Moreover, positive health outcomes will not be assured by improved supply chain performance alone, as health systems face many challenges (e.g., deficiencies in financial resources, human resources, technical capacity, management capacity). This white paper only addresses the challenge of human resources for health supply chain management. Other health system challenges are the focus of distinct efforts led by other international and national actors.

qualifications or certifications appropriate for supply chain management, limited technical expertise for supply chain management among health systems personnel, and general disempowerment of supply chain managers within health systems. The status of low- and middle-income country health supply chain managers stands in marked contrast to the status of supply chain managers in the commercial sector in developed countries, where supply chain managers must have advanced technical skills and qualifications, and are recognized as instrumental to institutional decision-making and success.

This white paper proposes goals, approaches and activities to engage key stakeholders - including governments and their partners at the country, regional and global levels - in a coordinated effort to promote workforce excellence in health supply chain management. The white paper reflects the shared views of the diverse membership of *People that Deliver*, based on consultations with organizations, the Global Positioning and Harmonization Conference, and feedback on previous white papers circulated to Initiative members.

ANTECEDENTS AND PROCESS

The *People that Deliver* Initiative began as a workstream of the Reproductive Health Supplies Coalition (www.rhsupplies.org, hereafter RHSC). The RHSC is a global partnership of public, private, and non-governmental organizations dedicated to ensuring that all people in low- and middle-income countries can access and use affordable, high-quality supplies to ensure better reproductive health. The workstream was established in September of 2008, when members of the RHSC determined that the low status and lack of relevant competencies in the health supply chain workforce contributed significantly to the often weak performance of country health supply chains in low- and middle-income countries. The U.S. Agency for International Development (USAID) was appointed to coordinate the workstream for the RHSC. In December of 2009, the RHSC published a white paper (antecedent to this white paper) that outlined the goals, approaches, and expected activities of the workstream. The white paper suggested that this issue was not limited to reproductive health, but was common to all health programs. The RHSC recognized that advocacy to change policies and practices for the health supply chain workforce would be more successful if implemented through a coordinated approach, cutting across health programs and organizations. The RHSC decided to proactively engage organizations working in various programmatic areas and health systems to collaborate in this effort.

In May 2010, the RHSC workstream embarked on a consultation process to engage other stakeholder organizations. Between May 2010 and February 2011, workstream members consulted with dozens of stakeholder organizations, inviting those organizations to join in a collaborative initiative and reflecting their inputs in the evolving goals, objectives, and approaches of the workstream. The workstream developed into a global initiative including hundreds of participants from over 80 international and national health organizations – working on human resources issues, supply chain systems, pharmacy, essential medicines, HIV, tuberculosis, immunization, malaria, reproductive health, and other health programs. The initiative rebranded itself as “*People that Deliver*” in February 2011, to remove indications of a vertical program and to emphasize the focus on the human resources that make access to medicines and health supplies possible. USAID continued to coordinate the Initiative as it expanded and became the *People that Deliver* Initiative.

The stakeholder consultations emphasized two priorities to guide the Initiative: rapidly engaging with country governments and developing a stronger evidence base on human resources for supply chain management. The Initiative identified seven diverse focus countries, and engaged with several additional countries, to jointly shape the Initiative and its activities (additional information on country engagement below). The Initiative also embarked on a research agenda to document existing knowledge on human resources for supply chain management, by commissioning review papers, and to generate new evidence, through country assessments and global surveys of health supply chain workers.

The stakeholder consultations also indicated the need for a global conference to raise awareness within the global health community of the unique challenges facing the development of a strong supply chain workforce for health systems and to agree to a path forward. In November of 2010, a Steering Committee representing various constituencies of the membership was established to plan the global conference. The Steering Committee included CapacityPlus, Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables Médicaux (CAMEG), Institut Bioforce, Marie Stopes International, the Ministry of Health and Social Services of Namibia, Project Optimize, the RHSC, RTT Group, UNICEF, USAID, the USAID | DELIVER Project, and the World Health Organization (WHO). WHO headquarters in Geneva was chosen as host for the conference. The RHSC and USAID provided funding to Institut Bioforce to support the organization and administration of the conference. Additional costs associated with the conference were funded by WHO, Project Optimize, UNITAID, the U.S. President's Emergency Program for AIDS Relief (PEPFAR), RTT Group, and the Clinton Health Access Initiative.

On June 28th and 29th, 2011, 170 representatives - from 13 country delegations and more than 75 organizations - assembled for the *People that Deliver* Global Positioning and Harmonization Conference. Building on the results of preliminary field research, country presentations, lessons from other fields, and broad-based discussion, participants agreed that there is need for a global initiative focused on human resources for supply chain management, committed to work together towards the common goal of sustainable workforce excellence for health supply chain management, described the specific contributions they would make, and provided consensus guidance on priority interventions and needed governance structures for the Initiative. Seventy-nine institutions agreed to the *Conference Statement of Commitment to Action* (Appendix 1), pledging their support and action to achieve the shared goal of *People that Deliver*. The Conference marked a major transition for the Initiative - from building a coalition with a shared vision to implementing activities to achieve that vision.

The Global Positioning and Harmonization Conference provided guidance on desired new structures for the Initiative, including a governing body (board), secretariat and working groups. The Steering Committee became the *de facto* interim governance body for the Initiative, and was empowered by Conference attendees to manage an open process to seek candidates for a *People that Deliver* board, to appoint members to the board, and to develop draft terms of reference for the Initiative. Terms of Reference setting out structures, processes and functions for the Initiative were drafted in August 2011, sent to the Initiative membership for review and comment, and updated and initially approved by the Steering Committee in September of 2011. Based on the draft Terms of Reference, the Initiative Board was selected in October 2011 and met for the first time in November 2011. With the establishment of the Board and the development of plans for a full time Secretariat, USAID stepped down from the role of coordinator in January 2012. USAID provided limited additional funding to

Institut Bioforce to manage some secretarial functions for the Initiative through July 2012, to support the Initiative until the transition to a full time Secretariat established by the Board was complete. The Terms of Reference await final approval from the Initiative Board.

THE GOAL OF WORKFORCE EXCELLENCE IN HEALTH SUPPLY CHAIN MANAGEMENT

The overarching goal of the *People that Deliver* Initiative, as agreed upon in the *People that Deliver* Conference Statement of Commitment to Action, is that *countries improve health outcomes by developing sustainable excellence in the health workforce for managing supply chains and for overcoming existing and emerging health supply challenges.*

Achieving this goal will require shifts in *cultural, institutional, and individual* aspects of health systems as they pertain to supply chain management:

- The required *cultural* shift (i.e., within the global health ‘culture’) will consist of international organizations and countries recognizing: first, the necessity of strong supply chain performance for positive health outcomes; second, that supply chains are complex systems whose management requires significant technical and managerial capacity; and third, supply chains must operate within a system that values and uses information for decision-making, performance monitoring, and accountability. This cultural shift should result in: international, regional and in-country support for pre-service training and professional certification; elaboration of required supply chain competencies for individuals fulfilling distinct roles at different levels of the supply chain; national and international recognition of superior performance in managing health supply chains; and focused interventions to enable access to and use of the information required for successful supply chain management.
- The described cultural shift will support a corresponding shift in *institutional* perceptions and policies for health supply chains. Institutions, including governments, that manage health supply chains will recognize the importance and complexities of supply chain management and the fundamental need for information as the basis for supplies-related planning and decision-making. They will accept the supply chain workforce as an essential component of the health system’s human resources and engage them in the development of relevant health policies and decisions. These institutions will either utilize outsourcing to leverage the qualified personnel of other organizations, or they will recruit, train, support, and supervise the supply chain workforce within their own institution properly, defining their roles, clarifying performance expectations, and providing appropriate professional development and advancement opportunities, including through networking and exchanges with other countries.
- Strengthened cultural and institutional support for workforce excellence in supply chain management will create the impetus and opportunity for the *individuals* within the supply chain workforce (or who aspire to be part of that workforce) to access needed training, knowledge, tools, people, and information. It will also provide supply chain personnel with incentives to work with enthusiasm, leadership and ownership for their program. The supportive environment and available opportunities will result in cadres of qualified supply chain personnel working to provide quality supply chain services to health systems at the international, national, and sub-national levels.

DESIRED PARADIGM SHIFT FOR THE HEALTH SUPPLY CHAIN WORKFORCE

The goal of the *People that Deliver* Initiative - attaining sustainable workforce excellence for supply chain management - can be achieved by countries and national health systems in a variety of ways; there is no single path. For example, health institutions can:

- outsource supply chain functions to agencies (e.g., the commercial sector) where strong human capacity for supply chain management already exists;
- incorporate supply chain competency as an integral part of the pre-service training and professional development for the clinical and pharmaceutical cadres who currently manage the supply chain; or,
- develop and recruit a cadre of dedicated supply chain professionals, and shift supply chain tasks in the health system to those personnel.

Success along any path will require a change in the paradigm of how countries and country health institutions develop, recruit and retain human resources for supply chain management.

An example of one paradigm change that would meet the goals of the *People that Deliver* Initiative is illustrated schematically in Figure 3. [Note that both current and desired paradigms may have a number of different profiles; Figure 3 and the explanation below describe only one pair for illustrative purposes.] Figure 3 shows a common current paradigm for human resources for health supply chain management - one where most supply chain personnel are from clinical or pharmaceutical cadres who have relatively little experience or education in supply chain management, because the formal requirements for positions with supply chain management responsibilities do not demand such experience or qualifications. Once in these positions, the supply chain workers are often provided with short term training and technical assistance to strengthen their competency, typically supported by donors and development partners. However, these workers soon move to other positions without supply chain management responsibilities because their expertise is in other health areas and because there is little incentive to remain within the supply chain workforce. They are replaced by new personnel who do not have sufficient supply chain qualifications and experience, and the cycle begins again. A former Minister of Health from Côte d'Ivoire, Professor Janine Saracino, characterized the perils of such a system by stating, "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!"

When the goals of the *People that Deliver* Initiative are achieved, the new paradigm for the supply chain workforce would be one where they have elevated status and empowerment within the health system, and access to relevant incentives and resources. In the model desired paradigm in Figure 3, supply chain positions in health institutions are defined as such and require personnel with relevant qualifications and/or experience. These supply chain workers have career incentives, including a career ladder within health supply chain management, that stimulate enhanced supply chain workforce performance, satisfaction and retention. Supply chain positions become attractive because of their formal status and appropriate career incentives, leading to a market of individuals who seek supply chain qualifications. National and regional institutions will provide such qualifications to meet the market demand. The national health institutions can then more easily fill their supply chain positions with qualified personnel.

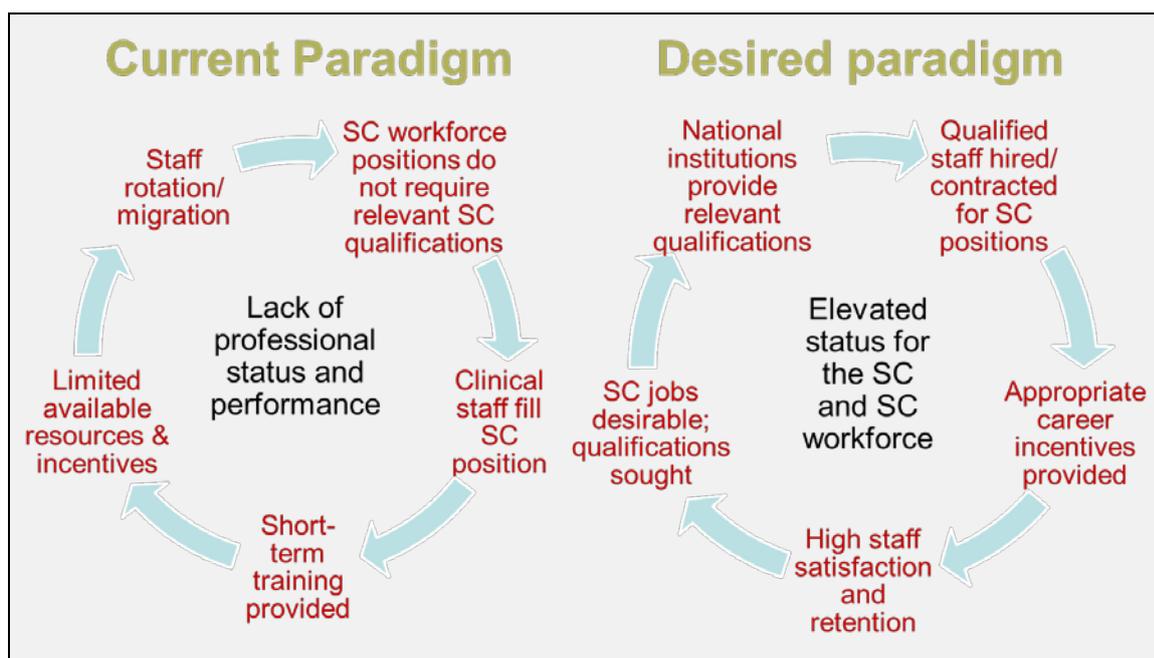


Figure 3: Schematic diagram showing a shift in paradigm for the health supply chain workforce that would meet the goals of the *People that Deliver* Initiative. Note that both current and desired systems have a number of different profiles; this diagram shows one pair for illustrative purposes. See narrative for further description of figure. SC, Supply Chain.

Such a significant change in paradigm for how human resources for health supply chains are developed, recruited and retained will not be simple; it will require significant reform of perceptions, policies and practices regarding the supply chain workforce and a sustained effort by governments and development partners to support the development of a virtuous cycle. However, the paradigm shift has a number of benefits which will make the effort worthwhile. The current paradigm has a short term focus: the significant expenditures made in training and technical assistance are ultimately lost from the workforce when trained personnel move to new positions. This is one explanation for the frequent observation that the health supply chain workforce does not show expected progress in overall capacity despite years or decades of training. The current paradigm is also typically dependent on donors to provide the resources for training and to fill human capacity gaps through external technical assistance. The desired paradigm turns existing expenditures into a fruitful investment by offering incentives and career ladders that improve retention – ultimately leading to the accumulation of human capacity and providing highly experienced mentors and peers. Under the desired paradigm, the capacity to develop, recruit and retain qualified health supply chain personnel also becomes institutionalized within national institutions, reducing dependence on external donors.

A COLLABORATIVE AND HOLISTIC APPROACH

People that Deliver will utilize a holistic approach for developing workforce excellence in supply chain management, built around three components necessary for success:

- the active involvement of a broad array of key stakeholders from global, regional and national organizations, as well as individual supply chain workers;

- development and/or dissemination of materials that accommodate and can be adapted to a wide array of countries and environments; and
- recognition of the diversity of supply chain positions and roles within a health system, and the distinct knowledge and skills required respectively.

The relevance and significance of these approaches are further explained below.

To create common understanding of what “workforce excellence in health supply chain management” entails, the *People that Deliver* Initiative will seek to develop resources, tools, and standards (e.g., competency frameworks, model training curricula, accreditations, model job descriptions, professional networks) that are based on the best available evidence and that will be recognized by all member organizations and governments. The *People that Deliver* Initiative will support harmonization and alignment around existing resources where available, or convene stakeholders to collectively develop new resources when needed. The collective approach of the Initiative will be critical to successfully change perceptions about the supply chain workforce within the global health *culture*, to succeed in elevating the status of the supply chain workforce, and to systematically advance the goals of the *People that Deliver* Initiative.

In order to promote workforce excellence for health supply chains, the *People that Deliver* Initiative must, first and foremost, meet the needs of countries. Low- and middle-income countries are obviously extremely diverse; beyond geography, culture and political systems, they differ in health and disease profiles, health systems, supply chain designs and human resource systems. This enormous diversity is unlikely to be served by narrowly defined and prescriptive guidelines for developing workforce excellence in supply chain management. The *People that Deliver* Initiative will therefore labor to ensure that the resources and materials it develops in support of countries, based on the best available evidence, will be adaptable and flexible to meet the needs of a wide and diverse array of countries. For example, the Initiative envisions defining the competencies required in a health system for good supply chain management and allowing countries to determine how best to incorporate those competencies into the workforce.

Just as countries are highly diverse, there is great diversity in the roles of the many individuals who have supply chain responsibilities within health systems. Some supply chain personnel must possess a wide and general understanding of how a supply chain works in order to guide system functions and improvements effectively; others work in specific technical areas (e.g., procurement or distribution) or settings (e.g., health facility). Workforce excellence applies to all types of supply chain personnel, and their differences must be accommodated in our approach. By engaging a wide array of key stakeholders in the Initiative, the breadth and depth of the competencies and needs required of all types of supply chain workers can be explored and areas requiring specialized skills identified.

ACTIVITIES AND PRIORITY INTERVENTIONS

The *People that Deliver* Initiative engaged in a consensus process at the Global Positioning and Harmonization Conference to identify priority interventions to improve the demand for and retention of a qualified supply chain workforce, the availability of qualified supply chain personnel, and the general obstacles and opportunities for advancing workforce excellence in health supply chain management. The agreed upon interventions are described below, differentiated by the relevant level of implementation - country, regional or global.

Country Level

- *Determine baseline human resource capacity for supply chain management*
 - Conduct a baseline assessment of human resource capacity for supply chain management that identifies supply chain tasks and functions by level of the supply chain, considers costing, and detects human resource gaps in terms of skills and numbers of staff.
 - Assessments should be conducted by multi-disciplinary teams and should consider both the public and private sectors.
- *Contribute to the evidence base through monitoring, evaluating and documenting activities related to strengthening human resources for health supply chain management*
 - Include monitoring and evaluation in pilots and interventions, and collect baseline and post-intervention data to assess impact.
 - Analyze costs of new and established interventions to enable evaluation of cost-effectiveness and/or cost-benefits.
 - Share data and lessons learned to allow other countries to benefit from experiences.
- *Advocate for workforce excellence in health supply chain management*
 - Identify high level national champion(s) for supply chain management
 - Use data from the baseline assessment(s) to form advocacy arguments for building political will and identifying interventions (e.g. outsourcing, integrating pre-service training, job aids, etc.).
 - Partner with other ministries (e.g., Education, Finance) and national institutes.
- *Develop HR policies to attract and retain supply chain managers*
 - Include supply chain staff within the national human resources policy framework, possibly including the creation of a professional cadre for supply chain management.
 - Review existing organizational structures, create job descriptions at central, intermediate and peripheral levels.
 - Develop a two-pronged strategy for strengthening supply chain human resources, both for dedicated supply chain personnel and other health professionals with supply chain responsibilities.
- *Create a supportive environment for supply chain personnel in the health sector*
 - Provide recognition, incentives and motivation for health supply chain personnel.
 - Implement a career track for health supply chain managers in-country.
 - Leverage larger human resource reforms and supply chain efforts to provide motivators such as improvements to working and living conditions, performance based incentives, and access to needed tools and resources.
- *Increase supply chain training opportunities for all cadres, including increased emphasis on pre-service training and continuing professional development*
 - Integrate needed supply chain management competencies into the pre-service training of both clinical and non-clinical health cadres.
 - As appropriate, develop degree or certification programs for specialization in supply chain management.
 - Strengthen continuing professional development opportunities relevant to supply chain management.
 - Utilize innovative training methodologies to maximize reach, such as distance learning.
 - Engage private sector in training and strengthen faculty capacity for supply chain management.

- *Build professional networking opportunities*
 - Identify opportunities for country-level networking and mentoring, as well as communities of practice related to health supply chain management; engage existing professional associations (private and public sector).

Regional Level

- *Connect Initiative efforts to regional resources and activities*
 - Link demand and availability efforts with regional resources activities, including organizations, universities, and private sector activities and initiatives.
- *Adapt relevant global resources for region*
 - As appropriate, adapt global resources relevant to developing workforce excellence for supply chain management to better fit regional context.
- *Conduct a mapping exercise of current regional supply chain management capacity building activities and resources*
 - Link mapped activities and resources to the global competency framework; identify ways to formally endorse or accredit the courses at the regional level based on a standard set of criteria.
- *Build regional-level professional networking and mentoring opportunities*
 - Identify opportunities for regional-level networking and mentoring, as well as communities of practice related to health supply chain management; engage existing professional associations (private and public sector).

Global Level

- *Establish a model competency framework for health supply chain management*
 - Define competencies required across functions and by level of the supply chain and make framework available to be adapted at country-level.
 - May require developing or adapting a framework or process map of supply chain functions.
- *Conduct a mapping exercise of current supply chain management capacity building activities and resources*
 - Link the mapped activities and resources to the global competency framework; identify ways to formally endorse or accredit the courses based on a standard set of criteria.
- *Facilitate documentation and dissemination of the evidence base for human resource strengthening activities for supply chain management*
 - Build upon, or develop where necessary, and make available tools, methodologies, and processes to promote country-level baseline assessments of human resource capacity for supply chain management.
 - Make information easily accessible to support country efforts.
 - Use available evidence to develop and strengthen advocacy materials.
- *Develop advocacy materials for professionalization of supply chain management and strengthening human resource capacity*
 - Materials can target both global and regional policy makers and be adaptable to country contexts. Content should include the importance and complexity of supply chain management, the importance of human resources for supply chain management, and the value of relevant technical initiatives.
- *Support an information clearing house related to human resources for health supply chain management*

- Information to include best practices, evidence base, data, advocacy materials, and change management materials.
- Should utilize existing websites and networks as feasible.
- *Build regional-level professional networking and mentoring opportunities*
 - Promote opportunities for global networking, mentoring and communities of practice related to health supply chain management; engage existing professional associations.

People that Deliver participating organizations are working together through global and national teams to begin implementation of these priority interventions (see more below).

THE COUNTRIES

Because the *People that Deliver* Initiative seeks to assist countries to develop workforce excellence in health supply chain management, country government involvement and input will clearly be essential to the success of the Initiative. However, since the Initiative is still in formative stages and its objectives are highly innovative in terms of health systems, the Initiative has begun country work by engaging with a small number of focus countries. The focus countries will be integrally involved in defining the objectives of the Initiative and in identifying how the Initiative can meet those objectives, including the support it should provide to countries.

The Initiative does not provide financial resources to countries, but seeks to work with governments and country partners to leverage existing resources (which are often quite significant for health supplies and supply chain strengthening) for a stronger and more sustainable system for developing, recruiting and retaining qualified supply chain personnel for the health system. As such, governments and in-country partners of the Initiative will support country implementation, utilizing the advocacy tools, technical guidance, model standards, and country or individual exchange platforms developed by the Initiative.

The *People that Deliver* Initiative developed the following criteria for identifying focus countries:

1. Nominated as a potential focus country by an Initiative member;
2. Government commitment to, or at least strong interest in, strengthening human resources for health supply chain management;
3. Funded development partners willing and able to support the country to strengthen human resources for supply chain management;
4. Understanding of the Initiative and its goals, objectives, approaches and working methods;
5. Commitment to collect country data on the state of human resources for health supply chain management, preferably using the “Human Resource Capacity in Public Health Supply Chain Management: Assessment Guide”;
6. Commitment to develop, implement and monitor an action plan to guide progress in developing sustainable workforce excellence for supply chain management.

Seven countries have been selected as focus countries thus far: *Burkina Faso, the Dominican Republic, Ethiopia, Indonesia, Liberia, Mozambique, and Namibia*. Appropriate government

officials of these countries have accepted focus country status in the Initiative, and have expressed their desire to work with the Initiative to strengthen human resources for supply chain management in their health systems. These countries are diverse in terms of geographical location, disease profiles, and health systems characteristics, and will provide an excellent base for the global Initiative to develop materials that benefit not only the focus countries, but also other low- and middle-income countries desiring to strengthen their health supply chain workforce.

The *People that Deliver* Initiative does not limit its country support to the focus countries. While the focus countries will be the key informants in shaping the Initiative at this early stage, other countries are welcome to participate in the Initiative (e.g., conferences and working groups) and utilize Initiative tools (e.g., several non-focus countries utilized the *People that Deliver* human resource for supply chain management assessment tool to conduct national assessments). The *People that Deliver* Initiative is expected to work with additional focus countries in the future, as deemed appropriate, after significant progress with the original countries has been attained and relevant lessons learned.

THE GLOBAL PARTNERSHIP

The *People that Deliver* Initiative includes a broad array of partners, including governments, multilateral agencies, donors, private sector, universities, technical agencies, and international and national NGOs. Member organizations include those focusing on supply chain management, pharmacy, human resources, health systems or health services. They work in all regions of the globe and support of all major health programs. Appendix 1 lists the organizations who agreed to the *People that Deliver* Conference Statement of Commitment to Action.

People that Deliver has developed governance and working structures to assist the Initiative make progress towards the shared goal of Initiative partners. An Initiative Board has been created as the primary governing body that will develop strategies and provide broad guidance and oversight to support the Initiative's operations and key priorities. Any member of the Initiative can apply for Board membership. Current Initiative Board members include: the CapacityPlus Project, the Global Fund for AIDS Tuberculosis and Malaria, Institut Bioforce, the Ministry of Health of Indonesia, the Ministry of Health & Social Welfare of Liberia, the Ministry of Health & Social Services of Namibia, the Reproductive Health Supplies Coalition, RTT Group, UNICEF, the University of Canberra, the University of Michigan, and USAID.

The Initiative has also established three working groups. Working groups are the principal vehicles through which Initiative members collaborate at the global level on a sustained, formal basis to realize the Initiative's strategic goals. The Working Groups serve as the implementation and technical arms of the Initiative at the global level; as such, they plan, coordinate, implement, and monitor actions, which build on the mandates, interests, resources, and comparative strengths of members, and represent core partnership activities. The three Working Groups currently established are the following:

- **Technical Working Group.** 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 supply chain

management. Areas of work could include developing and disseminating a consensus competency framework, model curricula, model job descriptions, recommendations for national human resource policies, or accreditation programs. The materials developed by the Technical Group should, to the maximum extent possible, be informed by the context and needs of the Initiative focus countries and represent a joint position of Working Group members.

- **Advocacy and Knowledge Management Working Group.** The Advocacy & Knowledge Management Group supports awareness raising, advocacy and information sharing at both the global and national level. The group will utilize both existing evidence and newly generated evidence and produce and disseminate advocacy materials and tools for varied audiences. The group will shape the advocacy goals for the Initiative itself, and support the development and effectiveness of champions at both the global and country level. The group will also be responsible for working with existing information clearing houses, networks and associations to ensure they include relevant information and make it easily accessible.
- **Research Working Group.** The Research Working Group focuses on strengthening the evidence base regarding human resources for supply chain management, especially in support of specific objectives or activities of the *People that Deliver* Initiative at the global or national level. The Working Group's primary role will be to organize, coordinate, and bring together research in this area, in addition to encouraging new research. Research activities may be carried out by Working Group members where members have identified capacity and resources, or may be carried out by other research or partner organizations.

CONCLUSION

The health supply chain workforce plays a vital role in enabling access to health supplies, and therefore in the realization of global and country health goals. Despite this, the supply chain workforce is not recognized as a key strategic component of the health system; nor are the technical and managerial competencies required for good supply chain management recognized or required of health supply chain personnel. Furthermore, approaches to developing human capacity for supply chain management within health systems have typically focused on short term solutions, such as on-the-job training for clinical personnel currently assigned supply chain responsibilities.

For health organizations and systems that want to ensure sustained and reliable access to health supplies for clients, a qualified supply chain workforce will be essential. To build workforce excellence for health supply chain management, new approaches must be implemented that establish national systems capable of developing, recruiting and retaining qualified supply chain personnel, or of successfully contracting external institutions who have qualified supply chain personal to provide supply chain services.

A large coalition of committed global, regional and national stakeholders in global health – spanning all major health programs and multiple technical areas and geographical regions – have joined under the *People that Deliver* Initiative to work together towards the shared goal: *that countries improve health outcomes by developing sustainable excellence in the health workforce for managing supply chains and for overcoming existing and emerging health*

supply challenges. The Initiative has developed governing and working structures and initiated activities at the global and country level to spur progress towards the shared goal. The Initiative welcomes additional organizations and individuals interested in developing sustainable workforce excellence in health supply chain management to join forces with *People that Deliver.*

Conference Statement of Commitment to Action

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

**Geneva, Switzerland
June 29, 2011**

We, the participants of the Global Positioning and Harmonization Conference of the *People that Deliver Initiative*, held in Geneva Switzerland on 28-29 June 2011, having **reviewed the available evidence** concerning the strengths, weaknesses, challenges and opportunities facing supply chains and the supply chain workforce in the health systems of lower and middle-income countries, **recognize that:**

- Efficient and effective health supply chain performance is essential for ensuring access to health supplies, and contributes to attaining positive health outcomes and meeting health goals, including the Millennium Development Goals for health;
- Health supply chains are limited in their ability to meet existing demands, jeopardising the health of individuals, the health goals of countries, and the major investments in health supplies made by governments and partners;
- The burden on health supply chains have increased significantly and will continue to increase in the near future due to the introduction of costly and complex new health products, changing disease profiles, and new efforts to meet health goals;
- Limitations on health supply chain performance stem, in part, from inadequate competencies in the health workforce for supply chain management as well as the assignment of supply chain roles to health workers whose primary responsibilities are in other health areas; and
- The health supply chain workforce faces a wide array of human resource-related challenges in relevant education and training, relevant technical and managerial competency, empowerment, continuing professional development opportunities, incentives for job performance, and career advancement opportunities.

A number of international, regional and national institutions, including country governments and partners, have agreed to work together, under the *People that Deliver Initiative*, to identify ways to support countries in strengthening human resources for supply chain management, in line with their organizational responsibilities and available resources.

We pledge to support the achievement of the shared goal of the *People that Deliver Initiative*, which is *for countries to improve health outcomes by developing sustainable excellence in the health workforce for managing supply chains and for overcoming existing and emerging health supply challenges*. Sustainable workforce excellence is achieved when national institutions are able to develop, recruit, and retain supply chain personnel who ably respond to the supply needs at all levels of the health system.

To achieve this goal, **we the participants at the *People that Deliver Conference* commit to take the following steps**, as appropriate given the respective mandates, capacities and resources of our individual institutions:

- ✓ **Participate** in a collaborative effort that seeks to coordinate and align partners in working towards sustainable excellence in the health workforce for managing supply chains;
- ✓ **Raise** the awareness of governments and the international community, especially among high-level policy-makers, that supply chain management is a key strategic function of health

systems, essential for meeting health goals, and that developing a strong and sustainable supply chain workforce should be a national priority, a global concern, and a shared responsibility;

- ✓ **Build** understanding that supply chain management in health systems is highly complex and must satisfy specific regulations and requirements for health products, necessitating strong technical and managerial capacity for supply chain management within the health sector;
- ✓ **Improve** the availability of, demand for, and retention of highly competent health supply chain workers, who ably respond to supply needs at all levels of the health system;
- ✓ **Leverage** opportunities offered by human resource policies, systems and efforts at the national, regional and global levels to further this cause;
- ✓ **Encourage** the development of global guidelines, tools, models and other resources that are relevant to all levels of the health system and adaptable to different country contexts, and which are based on existing evidence, previous work and agreement amongst Initiative partners;
- ✓ **Disseminate** these global resources to partners and countries to support progress in developing workforce excellence in health supply chain management;
- ✓ **Identify** priority actions with clear added value that will be undertaken by partner institutions, based on respective comparative advantages, to support countries, according to their needs and priorities, as they strive to attain workforce excellence in health supply chain management; and
- ✓ **Monitor and evaluate** progress to demonstrate the impact and value of interventions promoted by the Initiative, as well as of the Initiative itself.

In conclusion, we commit to work in pursuit of the Initiative goal in a harmonised and coordinated manner at the global, regional and country levels, and to align our plans and activities to locally-relevant needs and priorities.

Participating Institutions in the <i>People that Deliver</i> Conference Statement, WHO, Geneva, 29 June 2011	
<p>Agence de Médecine Préventive (AMP)</p> <p>Bioforce Institute</p> <p>CAMEG, Burkina Faso</p> <p>Capacity Plus, IntraHealth International</p> <p>Central De Medicamentos e Artigos Medicos (Mozambique)</p> <p>Centre for Health Policy and Innovation</p> <p>Clinton Health Access Initiative (CHAI)</p> <p>Consejo Presidencial del SIDA, Dominican Republic</p> <p>Crown Agents</p> <p>Deloitte, LLP</p> <p>DHL Supply Chain</p>	<p>MGCM</p> <p>Ministère de la Santé, Burkina Faso</p> <p>Ministerio de Salud Pública, Republica Dominicana</p> <p>Ministry of Health, Angola</p> <p>Ministry of Health, Kenya</p> <p>Ministry of Health, Mozambique</p> <p>Ministry of Health, Republic of Indonesia</p> <p>Ministry of Health & Child Welfare, Zimbabwe</p> <p>Ministry of Health & Social Services, Namibia</p> <p>Ministry of Health & Social Welfare, Tanzania</p> <p>Missionpharma</p>

Enhancing Learning & Research for Humanitarian Assistance (ELRHA)	National Health Insurance Fund, Sudan
Ethiopian Pharmaceutical Association	National University of Rwanda
Euro Health Group A/S, Denmark	Permanent Mission of the Republic of Zimbabwe to the United Nations Office
Federal Ministry of Health, Nigeria	Pharmaceutical Systems Africa
Fondation Mérioux	Reproductive Health Supplies Coalition (RHSC)
Fritz Institute	Riders for Health
Ghent University	Roce Partners
Global Fund to Fight AIDS, Tuberculosis and Malaria	RTT Group
Global Health Workforce Alliance	Stop TB Partnership
Handicap International	Strengthening Pharmaceutical Systems Program (SPS)
Health Partners International of Canada	Supply Chain Management System (SCMS)
Health Service Logistics	Tanzanian Permanent Mission to the United Nations Office in Geneva
HERA - Health Research for Action	Transaid
Hosanna Health Science College	U.S. Agency for International Development (USAID)
Humatem	UNFPA
Hygeia Nigeria Limited	UNICEF
i+solutions	UNITAID
IDA Foundation	University Antwerpen / Network for Education and Support in Immunisation (NESI)
Institut Régional de Santé Publique, Bénin	University of Canberra
International Federation of Pharmaceutical Wholesalers	University of Michigan
International Health Partners (IHP)	University of Southern California, Marshall School of Business
Ipas	USAID DELIVER PROJECT
John Snow, Inc. (JSI)	VillageReach
Johnson & Johnson	West African Health Organisation (WAHO)
KNCV Indonesia	Women And Health Alliance (WAHA) International
Logistics Management Institute (LMI)	World Health Organization (WHO)
Makerere University College of Health Sciences	WHO Regional Office for Africa (AFRO)
Management Sciences for Health (MSH)	Zaragoza Logistics Center
Marie Stopes International	