



Meeting tomorrow's health challenges through workforce excellence in supply chain management



The "Immunization Supply Chain" was of broad and current interest at UNICEF Supply Division last week.

UNICEF hosted a practitioners forum, convening immunization supply chain practitioners from 15 countries who were invited to exchange knowledge, practical experiences, challenges, and best practices. It was a unique opportunity for participants to engage in joint problem solving and learning. Participants shared country experiences in effective vaccines management as case studies, and engaged with technical experts and peers in a 'deep dive' analysis of root causes of bottlenecks, as well as proven approaches to successful improvement strategies. In alignment with the [Global Vaccine Action Plan 2011-2020](#) the overarching strategic goal of the forum is to:

- ensure countries implement immunization supply chain improvements by 2020 to achieve and sustain coverage of above 90% nationally and 80% in every district
- enable the improvement of immunization supply chains, such that 40% of assessed countries meet the 80% benchmark for Effective Vaccine Management (EVM)

The supply chain and logistics system strives to ensure the uninterrupted availability of vaccines and devices up to service delivery levels, and vaccines that have been transported and distributed through a quality cold chain system.

What is the current status of human resources in these systems? Presented below are two country examples from Vietnam and Myanmar.

What stories do you have?

Empowering Supply Chain Managers to save more lives in hard-to-reach villages: the example of Vietnam



Since 1985, Vietnam's National Expanded Program for Immunization (NEPI) has made remarkable achievements in the delivery of vaccination services to protect children from dangerous and common communicable diseases.

Nevertheless, Vietnam is still facing issues related to inequities in immunization coverage of children, especially in hard-to-reach and poor villages where coverage is between 60-70%. In recent years, NEPI improved vaccine practices through the introduction of specific software for the management of vaccines, the creation of a web-based platform for NEPI operations, communication and advocacy, and e-learning among NEPI staff.

One key priority that has yet to be addressed is improving the logistics structure and immunization supply chain (SC) management. Indeed, a professional vaccine SC manager is not available in Vietnam. According to the national logistics structure for vaccine SCM, almost 12,000 staff are involved from central and commune health centers (CHC). However, there is neither a professional vaccine supply chain manager/head of personnel nor training and education programs.

There is a need to reinforce the capacity of the nation's reliance on a skilled Supply Chain Manager. Limited expertise to operate and oversee SC is considered the vaccine supply chain's key challenge. Efforts should be taken to ensure an adequate number of competent Supply Chain Managers as well as the appropriate provision of vaccines and drugs in health facilities.

The next step to ensure that skilled SC personnel are available at the right place and right time to prioritize the following actions: 1) Building coherent national leadership for establishing a plan for SC Manager, 2) Generating evidence on the value of investing and acknowledging an SC Manager, 3) Enhancing SC Manager performance with competence-based curricula, accreditation and regulation of training institutions, and 4) Investing in the SC Manager with long-term support

Key competencies of SC managers are related to immunization planning, vaccine forecasting, storing and delivering immunizations, and waste management. These competencies are mainly distributed through several NEPI staff. Because the position was not recognized in the past, Vietnam did not sufficiently develop pre-service and in-service training. Likewise, performance management with clear indicators and competency criteria needs to be reinforced. Building Vietnam's capacity to train and retrain human resources in SCM is essential to enhance the performance and quality of immunization services. In recent years, partners have tested innovative competency-based training programs, knowledge-sharing platforms, and certification of SC managers, i.e. LOGIVAC/AMP and [PtD's competency framework](#).

A critical step is to influence national supply chain policies and systems by providing decision makers with evidence and relevant information. This effort will demonstrate benefits for HR policy changes and encourage the adoption of transformative SCM. Decision makers would be empowered to assess HR policies and strategies, identify key players, analyze evidence and relevant information, and conduct policy advocacy campaigns.

Key existing national stakeholders, such as the National Immunization Technical Advisory Board (NITAG), should be engaged. Additionally, existing regional committees with experts in vaccine SCM could be engaged to support the professionalization of SCM in Vietnam.

There are several opportunities to mobilize resources to strengthen vaccine SCM in Vietnam:

- 1) The Pharmacy Strategy towards 2020 with a vision towards 2030 (approved by the Prime Minister) foresees investment and support for the development of the drug supply chain.
- 2) Global Fund to Fight AIDS, TB, and Malaria has a capacity-building program in the SCM Gavi Vaccine Alliance Immunization SC strategy – People and Practices initiative networking SC managers in the public and the private sectors.



(domestic and external funding) aligned with country needs and SC national plans.

Developing leaders and human resources capacity for effective management of the immunization supply chain: the example of Myanmar

Myanmar's new government has been undertaking health sector reform. This effort is being led by the Ministry of Health and Sports, the major player in the health sector and the provider of comprehensive healthcare. From 2011 to 2015 there was a nine-fold increase in health expenditures. However, in terms of human resources for health, expenditures have been less. The recruitment of doctors, nurses and midwives has not reached the global standard of 2.28 doctor, nurse and midwife positions per 1000 population. There is also underproduction of dental surgeons, pharmacists and technicians. In order to improve the health workforce situation in the public sector, a Human Resources for Health Master Plan was prepared in 2012 for the next 20–30 years.

The immunization supply chain has traditionally been managed by the central medical store depot located in the former capital of Yangon, under administration of medical care division of the Department of Health which manages all hospitals and public health commodities. In order to address the challenges of timely and adequate vaccine delivery, and the needs of logistics and cold chain equipment by health centers, a national immunization program was introduced with the goal of strengthening the capacity of vaccine and logistics management tools and upgrading the management system. Management of the public health supply chain has been assisted by various supply chain partners. Immunization supplies have been managed with technical and material support from both UNICEF and WHO, who are the primary partners of the national program. Forecasting, procurement, storage and distribution functions are supported by UNICEF while the WHO provides some procurement.



Reforms at the Ministry of Health and Sports have led to a new organizational structure and a new procurement and supply management unit lead. Human resource capacity, in terms of technical competencies and the number of staff, is an immediate need. Limitations of human resource capacity at central and sub-national levels include lack of proper logistics management training and multiple tasks for supply focal points.

The funding of the immunization supply chain has been limited to government funds. Donor funds, that are available, have been allocated through procurement agencies. The government, however, is planning for a needs-based allocation of donated funds. Opportunities exist to strengthen supply chain management in Myanmar. The new procurement and supply management unit is supporting the creation of a specific supply chain workforce. Myanmar has also applied for a Health System Strengthening grant from the Gavi Vaccine Alliance and it is anticipated that human resource capacity strengthening will be supported.

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[International AIDS Conference 2016](#), July 18-22, 2016, Durban, South Africa

[Health and Humanitarian Logistics Conference](#), August 29-31, 2016, Atlanta, GA, USA

[General Membership Meeting Reproductive Health Supplies Coalition](#), October 10-14, 2016, Seattle, USA

[9th Global Health Supply Chain Summit](#), November 16-18, 2016, Dar es Salaam, Tanzania

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