Opportunities, innovations, needs and Challenges Ethiopia faces in human resources for supply chain management

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Country Background

- Total population: 73.9 Million (CSA 2007)
- Least Urbanized: only 16.4% of the population lives in Urban areas
- Average size of household: 4.7

Ethiopia is Decentralized country:
- 9 Administrative regional states
- 2 City Administrations
Health Administrative Structure

• FMOH → RHB → ZHD → WoHO → SDPs

• Health problems are mainly preventable communicable diseases like malaria, TB - with high maternal and under five mortality

• Total number of existing SDP’s
  ✓ Health Post: 14,192
  ✓ Health Centers: 2,689
  ✓ Hospitals: 195
Health Care Delivery System: three tier health system

Tertiary Level Health Care

Secondary Level Health Care

Primary Level Health Care

Specialized Hospital
3.5-5 million

General Hospital
1-1.5 million

Primary Hospital
60,000-100,000

Health Center
40,000

Health Center
15,000-25,000

Health Post
3000-5000

URBAN

RURAL
Purpose of the HR Capacity assessment

The assessment purpose is to effectively target capacity building and professionalization efforts for human resources strengthening in SCM.
Organization and Staffing: opportunities

• The existence of PFSA, an agency that is solely responsible for SCM

• Existing Standard Operating Procedure and guidelines for different function in SCM

• FMoH has Human Resource for Health strategy in draft

• Technical skill transfer through seconded Developmental Partner Staff

• The Integrated Pharmaceutical Logistics System (IPLS) is currently being implemented
organization and staffing: challenges

• Human resource for SCM is not included in the HR development strategy

• SCM is not a recognized qualification in the health sector;

• Significant proportion of professionals working in SCM are not adequately trained in the area
Policy and Plan: Opportunities

- Availability of relevant policies, guidelines, protocols; FMoH has bodies in charge of standardizing policies related to human resource
- Strategic Plan; GTP, HSDP, PFSA 5 years plan
- Pharmaceuticals Logistics Master Plan developed to guide the SCM nationally
Policy and Plan: challenges

- HRH strategy doesn’t address SCM
- Lack of retention mechanism for SCM public
  - No incentive plans for staff involved in SCM
  - No skills certificate that could be attached to promotion or increase of salaries
  - No staff development plans
- The team charter endow with collective/team role and responsibility- doesn’t indicate individual job description
Work Force development: opportunities

• Existence of Capacity Building Directorate at PFSA
• Existence of standardized in-service training curriculum for SCM trainings supported by Government and by IPs
• Few Health Science Colleges has integrated the SCM curricula into the existing curricula
• Some level of SCM taught is provided to pharmacy students
Work force development: challenges

• In-service trainings are expensive
• High attrition; especially those who are trained
• Technical Assistances are not strong on the transfer of knowledge and skill; rather engaged the implementation by themselves
• Pre-service trainings in SCM integrated only in a few colleges
• Pre-service trainings mainly focused on theoretical knowledge/ lack practicality
Workforce effectiveness: opportunities

• There is a standard check list for supervisors in SCM
• PFSA and IP’s started implementing automated and manual LMIS: accurate and timely data
• New initiative on M and E plan for SCM
Workforce effectiveness: Challenges

• Lack of individual job description for the SCM staff
• Performance appraisal Scheme is not in alignment with rewarded scheme or incentive
• Capacity building scheme/staff development plan
• No Performance improvement plan to a professional with low performance
Professionalization Efforts in Public Health SCM: opportunities

• Ethiopian Pharmaceuticals Association (EPA)
  EPA Annual conference
• Ethiopian public health association; mix of different professionals
• Many Ethiopian are members International association for public health logistics (IAPHL)
Professionalization Efforts in Public Health SCM: Challenges

• No formal SCM training with accredited qualification
• Lack of clear requirement criteria to be recognized as SC Manager
• No strong private sector on SCM for the public health sector to learn with
Next Steps

• Advocate for inclusion of SCM HR requirement and needs in the existing national documents and strategies
• Continue the efforts on in-service Training
• Long Term plan to extend Pre-service trainings to more HS Colleges
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THANK YOU