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Overview

- Introduction to Namibia
- Overview of Health System and Supply Chain
- Key Findings of Human Resources for Supply Chain Management Assessment
- Key HR related findings of SWOT analysis of Central Medical Store
- Conclusions
Introduction to Namibia

- In South Western Africa
- Area ~ 824,000 km², Population ~ 2.1 million
- Second lowest population density in the world
- Classified as Upper Middle Income by World Bank
- Gini coefficient = 74.3, therefore high rate of income inequality
- Over half population lives on < 2 USD/day
OVERVIEW OF HEALTH SYSTEMS AND SUPPLY CHAIN IN NAMIBIA
Supply Chain for Public Health System

- **Central Medical Store (CMS)** is responsible for procurement, warehousing and distribution of pharmaceuticals and clinical supplies in one integrated system.
- Pharmaceutical & related supplies for **ALL** public health facilities are sourced and distributed by CMS.
- Annual procurement value ~ US$ 50 million
- CMS Inventory value ~ US$ 22 million
- Annual procurement value increased over 350% from 2003 levels
- Staff establishment of about 45 staff barely changed since 2003
MoHSS pharmaceutical supply chain

Commercial Suppliers

Central Medical Store

- Oshakati Medical Store
  - 78 Clinics & Health Centres

- 26 x District Hospital

- 5 x Faith Based Hospital

- 1 x National Referral Hospital

- Rundu Medical Store
  - 22 Clinics & Health Centres

- 3 x Intermediate Hospital

Partners, e.g. CHAI
KEY FINDINGS OF HUMAN RESOURCE CAPACITY FOR SUPPLY CHAIN MANAGEMENT ASSESSMENT
Supply chain workforce

**Staff at Central Medical Stores:**

- **Top Management:** Pharmacists 3 on estab + 2 borrowed
- **Mid Level Managers:**
  - Pharmacist’s Assistants – two (2) year certificate course offered at Ministry’s National Health Training Centre
  - Chief Clerks – Grade 12 education and min 3 Yrs of experience
- **Operational Staff**
  - Warehouse clerks – Grade 12 education
  - Work hands – Grade 10 education

- **No specific supply chain certification is demanded during recruitment**
  - Previous experience is considered positively
Supply chain workforce (2)

Supply Chain staff at peripheral level

- Regional Pharmacists – minimum 6 yrs of work experience
  - one for each of the 13 regions
- Hospital Pharmacists – in each referral hospital
- Pharmacist’s Assistants – two (2) year certificate course
  - Between one and three at each district hospital
  - Between four and six at each referral hospital
- No established pharmacist posts at district hospital level
  - However, about three-quarters of all district hospitals have a pharmacist responsible for the ART pharmacy services (supported by development partners)
- Registered and Enrolled Nurses – at most health centres and clinics
- These cadres have supply chain responsibilities in addition to other patient care responsibilities, but limited training on SCM
Policy and Plans

- There is no stated policy or plan specific to human resources for health supply chain
- Priority given to funding for procurement and little attention to human resources
- There is a critical shortage of skilled logistics staff
- Human resource management tools in place:
  - Job descriptions – well defined and generally well implemented
  - SOPs – very well defined but not well implemented
- HR Management tools that do not exist
  - Supervision guidelines, Performance review guidelines
  - Staff development plans, Incentive plans
  - Skills certificates, Staff retention plan
Workforce development

Pre-service training:

- Increased output of Pharmacist’s Assistants at the National Health Training Centre (from 10 to 25 graduates annually)
- Bachelor of Pharmacy degree course established Feb 2011, at the University of Namibia – intake of 25
- Supply chain modules included in the pre-service curricula of pharmacist’s assistants and pharmacists
- Some aspects of stock management included in the nursing pre-service curriculum
- Bachelor of logistics and supply chain management degree program established at Polytechnic of Namibia in 2011
  - includes an option for distance learning
Workforce development (2)

In-service training:
- Warehouse Operations Management course – one month international course supported by SCMS
  - Targets CMS and RMS mid-level staff
  - Main challenge – turnover of trained staff
- Ad-hoc ‘basic logistics’ and ‘inventory management’ training for facility level staff nominated by supervisor
- Current levels of in-service training insufficient to increase capacity

Internationally recognized courses offered by institutions:
- International Trade Centre (ITC) Modular Learning System in Supply Chain Management
- Chartered Institute of Purchasing (CIPS) and Chartered Institute of Transport (CILT)
- These offer opportunities for professionalization of health supply chain staff
Workforce effectiveness

- Well defined job descriptions in place, relevant to work undertaken by each staff member
- Supervision insufficient throughout system due to high work load
- Supervision of supply chain related activities in Districts undertaken by Regional Pharmacists, remotely
- Established Pharmacy Information Management System (PMIS) used for routine monitoring of system performance
- Bi-annual support supervision visits undertaken by national level
- Staff performance:
  - Constrained by staff shortages
  - Computerized system at CMS eases burden of stock management
  - No formal performance appraisal or incentive system in place
- High staff turnover among the mid-level supply chain staff
KEY HR RELATED FINDINGS OF CMS SWOT ANALYSIS
Key CMS SWOT findings (1)

**Strengths**
- High qualification of CMS management (pharmacist, MBAs, SPSM® (= specialist professional in supply chain management))

**Opportunities**
- Availability of bilateral and multilateral support/ partners/ to support pharmaceutical sector capacity building
- Inauguration of a Bachelor of Pharmacy degree course at the University of Namibia (UNAM)
- Increased number of pharmacist’s assistants being trained
- On-going efforts at restructuring of MoHSS likely to expand CMS staff establishment
Weakness

- Critical shortage of technical staff (pharmacists and pharmacist’s assistants)

Threats

- High turnover of pharmacist’s assistants due heavy workload and lack of incentives
- Attrition of experienced staff due to:
  - better compensation and incentive schemes in the private sector
  - departure of expatriate staff
- Decreasing funds available from development partners
Conclusions

- The Namibian health supply chain is among the best public sector performers in Africa.
- CMS has maintained service level over 89% from 2006-2009.
- Significant increase in workload without increase in staff levels the supply chain is now overstretched and hence vulnerable.
- Reforms at all level of the integrated supply chain must be accelerated to maintain the good results achieved to date.
Conclusions

- In collaboration with teaching institutions, Namibia has the capacity to upgrade current supply chain HR to meet the pressing needs.
- It's imperative to explore rapid implementation of intermediate level trainings (e.g. certificates) to facilitate strengthening supply chain knowledge in the existing workforce.
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THANK YOU

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