Health Supply Chain Workers are Essential in the Fight Against the COVID-19 Pandemic

The COVID-19 pandemic puts increasing pressure on health supply chains. Preventing, detecting and responding to shortages of health products poses a significant challenge. The movement of goods across the global supply chain (SC) has been disrupted due to restrictions on movement (air, sea and land) and the operating environment has become increasingly complex. Health supply chain staff are doing their best to maintain the availability of critical supplies despite these hardships and are an essential part of COVID-19 response efforts. For the health supply chain workforce to safely procure and deliver supplies they must be given the same protections as all essential workers.

Supply chain workers should be included in the list of critical staff required to ensure the continuation of in-country supply chain and logistical operations. Who is this essential health worker? Pharmacists, logisticians, supply chain managers, data managers, warehouse, transport personnel, and many others – all of whom are collectively tasked to ensure the appropriate commodity selection, forecasting, procurement, storage, distribution and use of health products.

Their well-being should be ensured by following the World Health Organization (WHO)-issued guidelines for health workers, providing a safe work environment to prevent the spread of COVID-19, and rational use of PPE.

Our Current Crisis

Ensuring the availability of essential health products and protective equipment requires specialized skills. A workforce that is fit-for-purpose at all levels of the health system, including both upstream supply chains (working with suppliers) and downstream supply chains (reaching the patients) with skills in planning, forecasting, procurement, clearance, warehousing, distribution and transportation, stock management, waste management, return, and maintenance, is critical.

On 10 April 2020, WHO Director-General Dr. Tedros Ghebreyesus explained during his COVID-19 media briefing that the "supply chain may need to cover more than 30% of the world’s needs in the acute phase of the pandemic." As the pandemic continues to disrupt supply chains across the globe it is now, more than ever, that the supply chain community must come together in support of the health supply chain workforce. The health system relies on these essential workers for the availability of medical supplies and equipment and they will be the ones responsible for dispatching a treatment or vaccine when one becomes available. Having a competent, adequately staffed supply chain workforce means that other cadres with clinical roles can concentrate on treating patients.
People that Deliver (PtD) is a global coalition of organizations focused on technical leadership in human resources (HR) for health supply chain management. PtD advocates for systematic change, focusing on approaches that improve the demand and supply of qualified health SC professionals. Human resources for health (HRH), including the health supply chain workforce, constitutes the first line of defense against international health crises. HRH are key to health systems resilience and to implementing the core elements of the International Health Regulations. COVID-19 response policies, plans, and guidelines cannot overlook the need to support these essential workers. The WHO provides practical recommendations and a checklist for decision-makers on measures to strengthen the health system response to COVID-19. The WHO’s key recommendations include the health SC and align with PtD’s four HR for SCM pathways: staffing, skills, working conditions, and motivation (see the PtD Theory of Change for more information).

**Staffing**

Under COVID-19 detailed staffing and contingency plans are necessary, as essential SC workers face the risk of infection and other health problems, and quarantine rules may prevent workers from doing their jobs. To address such situations, a reconfiguration of staff and/or securing a larger pool of human resources may be necessary. When hiring new employees, the workload needs to be carefully assessed and roles and responsibilities have to be defined. It is also recommended to establish a process to forecast human resources’ staffing needs and the possible mobilization of human resources using such tools as the Adaptt Surge Planning Support Tool and Health Workforce Estimator developed by the WHO.

All too often the health supply chain workforce is not considered when decisions are made to introduce new products into the health system. With the possible introduction of a new COVID-19 vaccine and as new treatments become available, specialized skills to ensure their quality, safety and efficacy and their efficient procurement and supply are needed. Once a drug is proved safe and effective, getting it to millions of patients around the world requires massive manufacturing and SCM capacity. Decisions to increase the availability of health commodities in a country must take into consideration the ability of the supply chain workforce to absorb the extra workload, which might require expanding the workforce, or reorganizing the workforce to make it more efficient.

Many countries are also focused on the strategic expansion of their local pharmaceutical manufacturing markets, for both internal pharmaceutical consumption and export. Such an expansion will also increase the need for health SC and logistics professionals. Any decisions around staffing should carefully consider the required competencies and skills necessary for staff who take on new roles or are asked to task-shift, or for newly created positions.

**Resources:** Workforce Optimization Tool, Workload Indicators of Staffing Need (WISN), and Global Standard of Health SC roles and job descriptions.
Skills

As new staff are added to the SCM workforce, tasks are shifted among staff, or new rules and regulations are put in place. The need for on-the-job upskilling will inevitably arise to ensure that SC workers have the skills and competencies to do their jobs. Required technical competencies can be obtained through self-paced online technical courses. Many professional and academic accreditations can be accessed online as well.

The COVID-19 pandemic has also brought to light a need to build capacity in new skills such as data science, analytics, outsourcing, contracting, monitoring, and supply chain performance across the public and private sectors.

Educational and training institutes such as Association for Supply Chain Management (ASCM), the Chartered Institute of Procurement & Supply (CIPS), Coursera, Empower School of Health, i+solutions, SAPICS, and many more offer online courses in supply chain management, some of which are provided for free. Online forums, such as the International Association of Public Health Logisticians (IAPHL) connects members to a network of professionals who can offer advice, link to resources and share important information. The WHO’s COVID-19 mobile learning app for health workers can be used entirely through a mobile phone and includes topics relevant to health supply chain workers, including Operational Support and Logistics.

SC organizations should take advantage of these opportunities in order to build capacity of staff to perform SC-related tasks or further strengthen the existing SC workforce, if the situation allows.

Resources: SCM Competency Compendium, SCM Competency Framework for Managers and Leaders, SCM Professionalization Framework

Working conditions

Their well-being should be ensured by following the WHO-issued guidelines for health workers and any guidance that is further developed by local governments. Some examples include the USAID GHSC-PSM (Global Health Supply Chain – Procurement and Supply Management) project which has developed safety protocols tailored for health workers conducting logistics activities. UNICEF Supply Division in Copenhagen, Denmark is home to the largest humanitarian warehouse in the world. It put in place measures to protect warehouse workers so that warehouse operations could not only continue but increase productivity to respond to COVID-19.

During times of risk and uncertainty, psychosocial support is especially important. As the WHO points out in their guidance, “keeping all staff protected from chronic stress and poor mental health during this response means that they will have a better capacity to fulfil their roles.” The stigmatization of workers who have been exposed or fallen ill with COVID-19 is a risk, but can be counteracted by providing trusted and scientifically proven infor-
Promoting sustainable workforce excellence in health supply chain management

Promotion and discouraging the spread of rumors and false information whenever possible. The WHO’s guidance on social stigma and COVID-19 emphasizes the use of clear communication, empathy, and facts.

Supervisors and managers play a key role in ensuring that these measures are implemented and facilitate a physically and emotionally safe work environment. Furthermore, it should not be overlooked that lay-offs, lack of paid sick leave, and salary cuts due to reduced operations have negative impacts on the mental health of SC workers and affects not only the well-being of workers themselves, but their families too.

**Resources:** WHO-issued guidelines for health workers, prevent the spread of COVID-19 in the workplace and Considerations for public health and social measures in the workplace in the context of COVID-19, USAID GHSC-PSM safety protocols, WHO’s guidance on social stigma.

**Motivation**

When SC workers recognize how supply chain benefits health in society and society recognizes the importance of health supply chains, this can increase interest in, support of, and motivation throughout the sector. Unsafe working conditions, lack of necessary tools, social stigma, fear of unemployment, long hours, lack of sleep, and stress stemming from the COVID-19 outbreak can decrease motivation. Motivation may seem like less of a priority during times of crisis, however, the interconnectedness of the four HR for SCM pathways means that decreased motivation, coupled with unaddressed needs in the other three pathways are sources of demotivation and can cause the supply chain to break down.

SC leaders and managers must reinforce the critical role that every SC worker has in combatting the spread of COVID-19 and this can be done through effective communication strategies and use of incentives to recognize the efforts and commitment the SC workforce has made. When possible, non-financial incentives, temporary salary increases (or hazard pay), compensation for overtime, other allowances, and/or additional time off should be provided to all health supply chain workers, with special attention paid to those that face the greatest risk of occupational exposure and/or burnout. Supportive supervision, the process of helping staff to improve their own work performance carried out in a respectful and non-authoritarian way, is an opportunity to motivate staff.

In a constantly-changing environment, making sure health supply chain workers feel a sense of ownership over their work by allowing workers to be involved in the decision-making process can increase motivation. Involving workers in decisions related to new working processes, changes in shifts, work hours, and the work environment is a powerful way to increase ownership and give them an outlet to voice their needs and concerns. As managers and leaders implement new workplace policies related to COVID-19, they should involve their staff as much as possible through every stage of the process.

**Resources:** Performance Management Toolkit for Immunization Supply Chain Managers, Performance Management Toolkit for Health Supply Chain Managers, Supportive Supervision of Supply Chain Personnel (Video)

PtD has a collated a list of COVID-19 related resources pertinent to the health supply chain workforce. This list is available on the PtD website and will be updated on a regular basis. For more information, please visit: [https://peoplethatdeliver.org/pdt/resources/COVID-19](https://peoplethatdeliver.org/pdt/resources/COVID-19)

**Endnotes:**

1 Draft Whole of SCM Labor Market Country Case Study – Rwanda, USAID Global Health Supply Chain Procurement and Supply Management (GHSC-PSM) Project, January 2019

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