

**PEOPLE THAT DELIVER:  
MEETING TOMORROW'S HEALTH CHALLENGES THROUGH  
WORKFORCE EXCELLENCE IN SUPPLY CHAIN MANAGEMENT**  
World Health Organization, Geneva, Switzerland  
28-29 June, 2011

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*

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.

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 goal of the *People that Deliver* is to improve health outcomes by developing sustainable health workforce excellence for supply chain management and for overcoming existing and emerging health supply challenges. This sustainable excellence is envisioned to be achieved when national institutions are able to develop, recruit, and retain supply chain personnel who ably respond to the country's supply needs at all levels of the health system.

On the 28<sup>th</sup> and 29<sup>th</sup> of June, 2011, 170 representatives from 13 country delegations<sup>1</sup> and more than 60 international organizations assembled at the World Health Organization headquarters in Geneva for the Global Positioning and Harmonization Conference of the *People that Deliver*



Initiative. 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. These important outcomes of the conference will be the foundation for the Initiative as it moves forward.

<sup>1</sup> Country delegations included representatives of Angola, Burkina Faso, Dominican Republic, Ethiopia, Indonesia, Liberia, Mozambique, Namibia, Nigeria, Rwanda, Swaziland, Tanzania, and Zimbabwe. *People that Deliver* Focus countries currently include: Burkina Faso, Dominican Republic, Ethiopia, Indonesia, Liberia, Mozambique, and Namibia.

Seventy-nine institutions agreed to the *Conference Statement of Commitment to Action* (Appendix 1), pledging their support for achieving the shared goal of *People that Deliver*. The commitment to action calls upon organizations to take a number of steps to support this goal, including: working in a collaborative and aligned manner; raising the awareness of country governments and the international community regarding the importance of the supply chain and the supply chain workforce to meeting health goals; building understanding on the need for strong technical and managerial competencies to successfully manage health supply chains; encouraging development of and disseminating global guidelines, tools, models and other resources to support countries in their efforts; leveraging existing opportunities and resources to further the Initiative; and monitoring and evaluating progress.

Participants also agreed on priority interventions required at the global, regional and country levels to support countries in strengthening human resources for supply chain management. The priority interventions (described fully in Appendix 2) include:

- Determine the minimum human resource capacity required for supply chain management at the country level, with costing information, based on mapping of supply chain tasks and functions needed at different levels of the supply chain.
- Contribute to the evidence base through monitoring, evaluating, and documenting activities related to strengthening human resources for health supply chain management.
- Develop human resource policies at the country level to attract and retain supply chain managers.
- Increase supply chain training opportunities for all cadres, including increased emphasis on pre-service training and continuing professional development.
- Establish a global-level model competency framework for health supply chain management that can be adapted at the country level.
- Conduct a global mapping exercise of current supply chain management capacity building activities and resources.

The conference succeeded not only in determining the priority interventions, but also in identifying how they will be implemented. The participants provided consensus guidance on what mechanisms and structures will be required for the Initiative to maintain momentum and progress, as described in Appendix 3. Furthermore, over 30 participating institutions submitted commitment forms that described specific support they would provide to meeting Initiative goals at the global, regional or country level. And, most Initiative focus countries began the process of action planning to identify their national objectives, required activities, and next steps.

These Conference outcomes provide a strong foundation for the *People that Deliver* Initiative to continue raising awareness of the unique and important challenges facing human resources for supply chain management, and to support partners to work together to overcome those challenges and reap tangible benefits in health systems performance and health outcomes. These benefits however, depend on the continued effort of Initiative partners to work together at the global, regional and country levels to support countries in strengthening their human resource systems for health supply chain management. The Initiative will need to support these institutions to organize themselves, coordinate, share best practices, exchange experiences, leverage available opportunities and comparative advantages, and maintain engagement from key stakeholders. And, it must further develop its own policies and structures in order to accomplish this.

Thus, the Global Positioning and Harmonization Conference was a key step to moving the initiative forward to improve the performance of health programs and systems through stronger supply chain management. The Initiative, cutting across targeted approaches to health programs, will provide critical synergies at a time when higher value and increasingly bulky and varied commodities stretch



**Report on Conference Outcomes**  
**PEOPLE THAT DELIVER INITIATIVE**  
**Global Harmonization and Positioning Conference**

health supply chains to the breaking point. The Initiative will also propel efficiencies in health systems, not only through improving access to and use of health commodities, but also through converting significant expenditures on supply chain training into investments for sustainable human resource systems for health supply chains. And, the Initiative will provide the first forum for coordination and joint work in the extremely fragmented area of international support for health supplies and supply chains.

*For more information on the Initiative, please visit <http://www.peoplethatdeliver.org/>*

*To become involved in the Initiative (for example, to join the list serve, participate in Initiative Working Groups, or to align your work at country level with other Initiative partners), please contact: [info@peoplethatdeliver.org](mailto:info@peoplethatdeliver.org) and [peoplethatdeliver@usaid.gov](mailto:peoplethatdeliver@usaid.gov)*

## 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.

<b>Participating Institutions in the <i>People that Deliver</i> Conference Statement, WHO, Geneva, 29 June 2011</b>	
<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>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 &amp; Child Welfare, Zimbabwe</p> <p>Ministry of Health &amp; Social Services, Namibia</p> <p>Ministry of Health &amp; Social Welfare, Tanzania</p>

DHL Supply Chain	Missionpharma
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 Mérieux	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	

**Improving the Demand for, Retention of, and  
 Availability of Qualified Supply Chain Personnel**  
 Based on Consensus from the *People that Deliver*  
 Global Positioning and Harmonization Meeting  
 June 2011, Geneva

## Introduction

The *People that Deliver* Initiative is focused on improving health outcomes by developing sustainable health workforce excellence for supply chain management and overcoming existing and emerging health supply challenges. On June 29<sup>th</sup>, 2011, participants in the *People that Deliver* Global Positioning and Harmonization Conference identified 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. Through a consensus process, the following interventions and strategies were identified as priorities for the Initiative moving forward. The interventions and strategies are differentiated by the relevant level of implementation - country, regional or global.

## Priority Interventions

### 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.
  - Would be beneficial for a multi-disciplinary team to conduct such an assessment and to examine the availability of qualified supply chain personnel outside of the public health sector.
- *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.
  - Cost 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 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.
  - Work within 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.

**Guidance on *People that Deliver* Initiative  
Governance Structures and Mechanisms for Work**

Based on Consensus from the *People that Deliver*  
Global Positioning and Harmonization Meeting  
June 2011, Geneva

On June 29<sup>th</sup>, 2011, participants in the *People that Deliver* Conference discussed the governance structures and working mechanisms that the Initiative should have, during its initial phases, in order to support countries as they strive to attain sustainable workforce excellence for health supply chain management. Through a consensus process involving small group discussion and subsequent debate in plenary, the Conference participants arrived at the following guidance regarding *People that Deliver* governance, structures and mechanisms for work.

**Need for the Initiative**

- There is need for an initiative that supports global advocacy, guidance and coordination in order to assist countries to improve health outcomes by developing sustainable health workforce excellence for supply chain management.
- The *People that Deliver* Initiative should serve as a forum for coordination, discussion, experience-sharing and aligning approaches.
- Participation in the Initiative should be open to all organizations, institutions and country governments who agree with the Initiative goal. Each involved organization should identify a liaison as a primary point of contact for the Initiative.
- The Initiative should advocate to engage key stakeholders who are not yet involved.

**General Structure**

- The Initiative should include the following governing and structural components:
  - A Steering Committee to guide the Initiative and determine Initiative policies.
  - Working Groups who will conduct the priority global work of the Initiative and will foster coordination and alignment of partners in technical areas.
  - Focus Countries that carry out relevant work at the country level and provide input to the global work to ensure relevance to their needs.
  - A small Secretariat with an Initiative Coordinator to manage, propel and coordinate both the work and the structures.

**Steering Committee**

- The Steering Committee should be small to enable efficient decision making, ideally between 10 and 15 members.
- A terms of reference document should define the charge, role and processes relevant to the Steering Committee.
- Membership should be broad, and should include the Initiative coordinator, major global health organizations (e.g., donors and multilaterals), private sector, country representation, and regional organization representation. It may also include a member who is not affiliated to a specific organization but who would be an important champion for the Initiative
- All organizations involved in the Initiative should be welcome to nominate themselves for a position on the Steering Committee. The existing Conference Steering Committee will appoint the members of the new Steering Committee from those nominated.

### Working Groups

- Working Groups will be used to advance the advocacy and technical work of the Initiative.
- Working Group membership will be made up of Initiative members and will be voluntary, but should include country representation and private sector representation.
- Working Groups could be time-limited or standing committees.
- The differentiation of roles of the Working Groups was not decided, but will be considered by the Steering Committee.

### Focus Country Teams

- All countries are welcome to participate in the Initiative and benefit from Initiative materials. However, in its early stages the Initiative should concentrate on a limited number of “focus” countries, who will work closely with the global Initiative. Focus countries have been and should continue to be chosen according to the focus country criteria developed by the Conference Steering Committee.
- Focus country organizations should be involved in developing both the policies and the technical work of the Initiative, to ensure that the Initiative is appropriately addressing country needs.
- Focus countries should have multiple parties committed to work together to move the country towards sustainable workforce excellence in health supply chain management. These actors should work in a coordinated way at the country level.
- The global Initiative can support alignment of country actors and should support synergies among and within countries, including South to South exchanges.
- A country liaison to the Initiative will be required for each focus country, to facilitate sharing of information in both directions. The liaison should be a member of one of the involved country organizations and should correspond directly with the steering committee and/or secretariat.

### Secretariat

- The costs of any Secretariat must be kept low to facilitate finding sufficient funding, especially at this early stage.
- A full time Coordinator will be required for the Initiative to maintain momentum and keep work moving forward.
- Additional support staff may be required (no more than 1 additional staff member beyond the Coordinator is foreseen for the initial phases), or additional human resources support can be engaged on a project (i.e., discrete activity) basis.
- The coordinator should be embedded within an important global organization to take advantage of existing infrastructure and relationships. This should be an organization who is recognized for significant work in health supplies/supply chain, but would be considered an impartial body in the technical work.
- The coordinator will require a budget for Initiative materials and work.
- Some participants expressed interest in having a private sector member within the Secretariat, who could be funded directly by private sector; others were concerned about possible conflicts of interest. (The Initiative will require a general conflict of interest policy.)

**Funding**

- USAID, as the current coordinator of the Initiative, will convene other donors to discuss how to fund the global financing needs.
- The private sector should also be approached for funding global and country-level needs.
- Potential funding organizations for global and country needs were discussed.

**Communications and Interaction**

- The Initiative should hold a conference for the full membership at least every two years (some preferred annual meetings, others biannual).
- The Initiative should maintain a website and listserv to share information, to the extent that these will not duplicate other existing websites and listserves. Wherever possible, existing platforms should be utilized to the maximum extent (e.g., especially for networking and sharing general technical documents).