

Gavi supply chain strategy: HR in SCM



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1. Introduction

Gavi Alliance, alongside the People and Practices Priority Working Group (P&P PWG) of the Gavi Supply Chain Strategy, aims to explore the personnel profiles behind supply chain management (SCM) in the private and public sector. Through an increased understanding of the appropriate level of expertise, authority and resources required for SCM personnel to oversee the supply chain (SC), our goal is to support countries in having dedicated and competent health SC leaders with adequate numbers of skilled and motivated personnel at all levels of the health system. In so doing, we hope to help overcome existing and emerging immunization SC challenges.

Evidence shows that the profession of “supply chain manager” often does not exist in countries eligible for Gavi support, and there are insufficient managers and workers to effectively manage supply chain operations. Those operating supply chains (usually pharmacists, nurses and other health workers) have often not received formal training in SCM, and there is a lack of structure and systems in place to share good practices. As new, more expensive and more voluminous pharmaceutical products are introduced, the stakes are even higher for health logistics.

With this in mind, Gavi Alliance and the P&P PWG are in the process of developing a handful of case studies on the personnel profiles and HR practices for SCM within different private firms, organizations and NGOs. These will be used to inform the implementation and/or reinforcement of the SC manager position within country Ministries of Health and EPIs as part of a country support package for SC managers. The goal of Gavi Alliance is that countries will have in place action plans to develop immunization SC leaders/managers and to develop the capacity of the workforce to effectively manage the SC.

This effort can be bolstered through discourse among integrated networks of professionals in the field, such as the International Association of Public Health Logisticians (IAPHL). IAPHL is dedicated to improving health SCM and commodity security by promoting the professional development of public health logisticians. The association supports logisticians worldwide by providing a community of practice where members can network, exchange ideas and improve their professional skills.

On Jan. 13, 2015, the following question was posed to IAPHL:

What academic profiles, job descriptions and career paths do you find ideal for SC managers, in any sector? What has proven successful in your experience?

Over 50 IAPHL contributors, with SCM experience worldwide, responded to this inquiry (see annex). In the following short report, we will discuss the four factors—**education**, **disposition**, **resources** and **expertise**—that emerged from this discourse, and the ways in which these factors both constrain and facilitate care.



Figure 1 Summary of HR factors

2. Education

IAPHL participants introduced and discussed a number of educational degrees, trainings and work experiences that contribute to quality SC leaders. This section will focus on the academic and professional SCM profiles based on IAPHL responses, and the questions these responses raise.

2.1. Academic degrees

The following academic degrees were mentioned:

- Purchasing and Supplies with specialization in medical logistics
- Pharmacy
- Pharmaceutical technologies
- Nursing
- Laboratory technologies
- Sales and marketing
- Engineering
- Economics
- Business commerce
- Business administration
- Finance
- Coupled with secondary degrees in:
 - Supply Chain/Logistics
 - Public Health
 - Business administration.

2.2. Trainings

In addition to academic degrees, IAPHL participants mentioned that professional trainings improve one's ability to meet the responsibilities of an SC manager. These trainings could be in the form of:

- Professional seminars
- Short courses with certificates
- Pre-service training for nursing and pharmacy degrees
- On-the-job training.

2.3. Work experiences

Finally, work experiences over time can contribute to the accumulation of 'working knowledge', outside of the formal academic degree or post-degree training through what is referred to as 'learning by doing'.

The plethora of career paths to SCM begs the following questions: ***What do these different educations bring to the field and how can they contribute to systematic career development in SCM? How should academic degrees be measured against training and work experience? What qualifications are most integral in the professionalization of SCM?***

"From the People that Deliver perspective, it is important that the person who is acting in a supply chain role has the competencies to complete that role accurately."

-Andrew Brown, PtD, Australia

"I have interacted and learnt from pharmacists, logisticians, statisticians, medical doctors, geographers... This field has so many actors.... Limiting it [SCM] to a particular expertise or discipline may also limit innovations in this field."

-Dayo Fatoke, SHI, Nigeria

"I am of the view that anybody with the requisite training can and should practice SCM and should be judged on merit and not on education alone."

-Josephine Gyawu, Central Medical Stores, Ghana

3. Disposition

While academic and professional backgrounds are important qualifiers for SC managers, IAPHL participants mentioned a number of dispositional traits that weigh heavily in the making of a capable SC leader. There traits were as follows:

- Motivation and passion
- Leadership ability
- Willingness to learn
- Drive and tenacity
- Versatility.

“...if they are self-motivated, they can be the best for the task as long as they are trained to perform it.”
-Clemence Matsika,
Smart Building
Solutions, Zimbabwe

The questions raise here are: ***How much focus should be given to soft skills vs. technical skills and how is this best introduced into pre and in-service training and performance management? What other soft skills are important for SCM (ex. Communication, influence, interpersonal skills, etc.)?***

4. Resources

Different countries face both talent and financial limitations. This sometimes makes it a question not of who is *best* suited, but of what skills are available and in what number. Where there are fewer resources, any number of skill sets and capabilities may be considered and combined.

To the same degree, however, other participants argued that there are already too few medical personnel in limited-resource settings. SCM tasks may serve as a distraction for other life-saving responsibilities. Under this argument, tasks should be delegated rather than combined.

Alongside this dichotomous tension is the requirement that countries, whatever the resource limitations, make sure they are aligned with national medicine policy and pharmaceutical legislations and regulations.

This factor, too, raises concerns. ***To improve health access, how does one integrate into their health system someone who is both qualified and whose responsibilities are not already spread too thin? In limited-resource countries, what can be done to allocate more of these resources to the important role of SCM?***

5. Expertise

Widespread IAPHL conversation focused on the diversity of backgrounds within SCM, identifying ways in which this diversity could either serve as a barrier to or an enabler of care. Much of the discourse focused on health SC managers with a background in health sciences and medicines, and those from outside of the health sector. Therefore, this last section will focus on different expertise, suggested collaboration in SCM and the ways in which IAPHL can further discuss and support this diversity in the field.

5.1. The issue of expertise

Among IAPHL participants, there were both pharmacists who believed they were trained and prepared for the role of SCM and SC specialists who introduced SC as a science of management that should be accepted and endorsed in health SC systems. General consensus brewed around the notion of collaboration, but achieving this constructively is the question at hand.

5.1.1. Job descriptions

One opportunity to negotiate the role of different expertise is through clear job descriptions. In the health SC system, the roles and tasks of all those involved should be described in detail through job descriptions and/or Terms of Reference, and reviewed on a regular basis.

5.1.2. Bringing advantages together

Another suggested route toward more efficient SC functioning is through stimulating a team mind set. Just like building a hospital, building a health system that provides efficient and effective care requires coordinated effort between many actors from different fields and with different expertise. SC professionals, while distinct, can work in support of medical and other health professionals. By bringing advantages together, SC teams can avoid duplication and motivate complementarity.

5.1.2.1. Managerial and technical responsibilities

One way to bring advantages together is through allocating managerial and technical responsibilities in countries where there are both SC and health professionals. Trained SC managers can control the flow of products through global SC operations and warehouse management and healthcare professionals can focus on their core competitive activities.

How can country-based SC and healthcare professionals identify their responsibilities?

- Map the supply chain and illustrate the level of collaboration and mutual dependency at each stage of the process
- Set the strategic direction for a health SC together between SC managers and pharmacists
- Allow SC professionals to demonstrate through measured results that their work adds value to the overall success of the organization.

Further consideration should be paid to the areas of contention, such as the questions posed here regarding different hard and soft skills, limited resources and diverse expertise on the path to SCM professionalization, and how to accommodate these in the future.

5.2. IAPHL: Continuing the conversation

IAPHL offers a unique platform on which SC and healthcare professionals can continue to share their experiences. Additionally, greater initiative can be taken to validate SCM competencies and to enhance the efficiency of this work. To recognize HR in SCM, our efforts are strengthened by recognizing each other, and the leadership that exists within IAPHL.

“To me, the best way to develop supply chain human resources is first of all for the Ministry to accept supply chain management as a key function and as such accord it budget, responsibility, respect equal to Clinical Care Directorate. That way you have created a dedicated directorate with high level commitment and engagement to create a whole new sustainable specialist supply chain cadre with relevant skills and clear career paths to manage commodities.”

–Innocent Dube, Crown Agents

6. Conclusion

A Gavi SC specialist recently said that SC is often the life and death of the company. They could have an amazing product, but the company will fail if the products don't reach their destination and their consumer. In health SC systems, this can be taken quite literally. Efficient SCs deliver life-saving and preventative drugs to those in need (beneficiaries) who might not otherwise have access.

These systems, however, cannot safeguard the product quality, the service quality and the operations quality without skilled, capable and motivated SC professionals, both within and outside of the health sector. In the next five years, Gavi's vision is to reach more beneficiaries than ever; in order to achieve that, countries will need to increase their SC efforts. One of these efforts is focused on recognizing HR in SCM, and engaging in deliberate conversations about how to do this productively. This requires both advocacy for strengthening HR and professionalization of SCM. In so doing, we hope countries will further support the role of SC managers and, thus, further support their citizens.

Gavi and the P&P PWG brought this mission to the IAPHL forum in Jan. 2015, asking participants to discuss the ideal academic profiles, job descriptions and career paths of SC managers by calling on their own knowledge and experiences. Through this discussion, **education, disposition, resources** and **expertise** were introduced as factors that both constrain and facilitate care. We invite the IAPHL community to continue discussing these factors and to be leaders in the acknowledgment of SCM as a profession.

I would like to thank the IAPHL community for their participation both in this discussion and with the Competency Mapping Framework surveys put together by Kevin Etter and Andrew Brown of the P&P PWG and People that Deliver. I would also like to acknowledge UNICEF, People that Deliver and Gavi for their support in this HR for SCM initiative. Thank you.

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The six rights of supply chain human resources

An **effective supply chain** involves

- engaging the **right people**...
- in the **right quantities**...
- with the **right skills**...
- in the **right place**...
- paid the **right salary**...
- at the **right time**

...to implement the procedures that direct supply chain operations and **ensure the supply of health commodities.**

Annex: Participant profiles

This report stemmed from a question posed to the IAPHL community. Because job title and location were not required, there is limited data on these participant details. However, both logisticians and pharmacists working from the following countries were noted during the discussion: Australia, Canada, Ethiopia, Fiji, Ghana, India, Liberia, Nigeria, Pakistan, Rwanda, Sierra Leone, South Sudan, Sudan, Switzerland, Tanzania, Uganda, United Kingdom, United States, Zambia, and Zimbabwe.

Organization participation included Crown Agents, Health Supply Matters, JSI, LMI consulting, National Health Insurance Fund, PACE, People that Deliver, Pharmaceutical Systems Africa, Sanofi Pasteur, SHI, Smart Building Solutions, Stop TB, and the USAID Deliver Project, as well as participation from country governments and ministries of health.