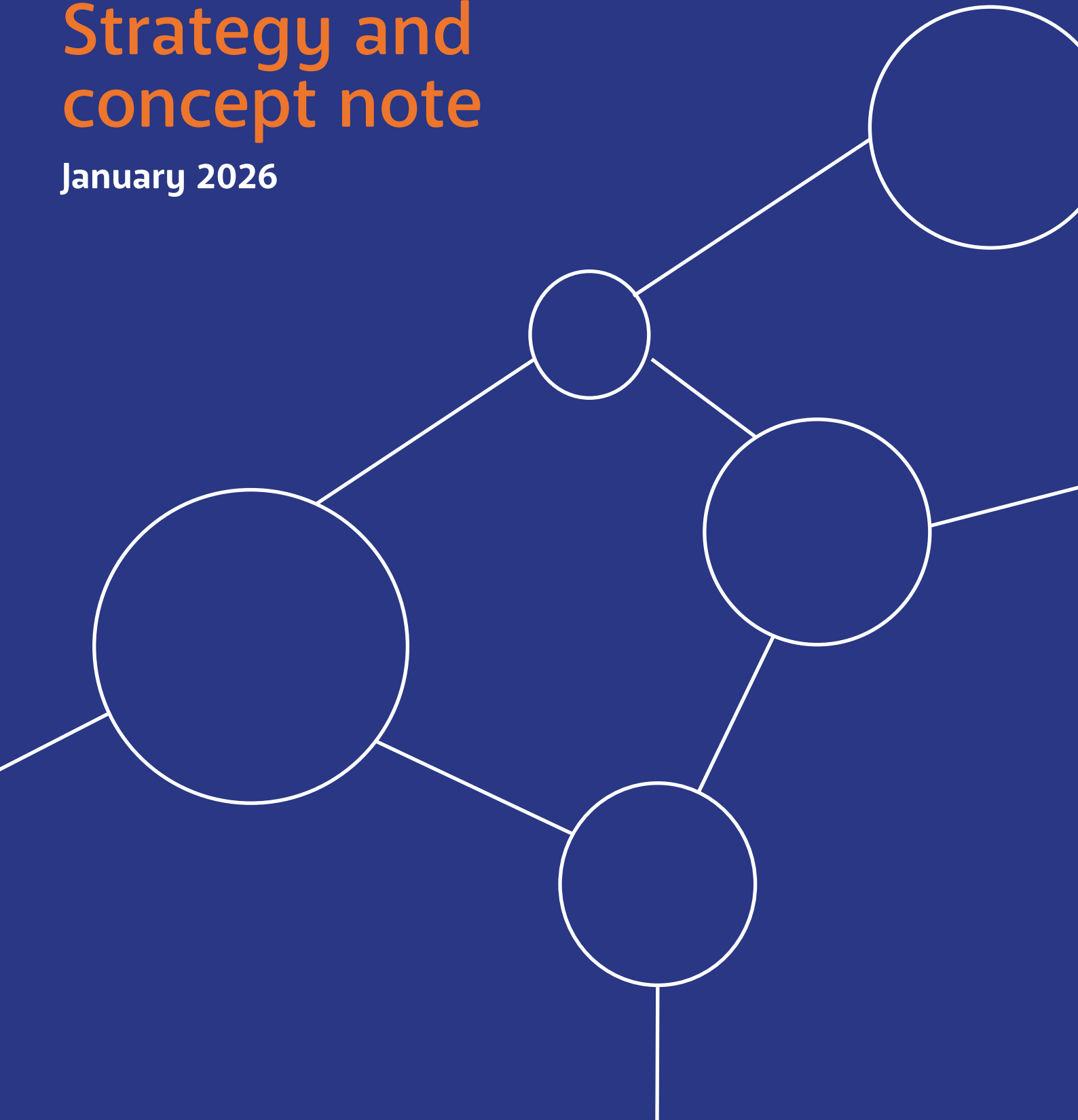


FROM STEP 2.0 TO NEXT STEP

Strategy and concept note

January 2026



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STEP 2.0 IMPROVES SUPPLY CHAINS

Alongside their private sector coaches, each participant executes a plan to overcome an organisational challenge, thereby enhancing supply chain performance

AND DEVELOPS LEADERS

Participants' leadership competencies can increase by almost **50%**



THE FOOTPRINT OF STEP 2.0

Public health supply chain leaders from the countries displayed on the map graduated from the programme between 2016 and 2025

Since 2016 more than

900

**public sector
supply chain
leaders**

from

33 countries

HAVE **GRADUATED**
FROM STEP

with the help of almost

170

**private sector
coaches**

EXECUTIVE SUMMARY

For over a decade the Strategic Training Executive Programme (STEP) has demonstrated its ability to strengthen health supply chains, improve the leadership competencies of supply chain leaders and improve access to health products and services in low-and middle-income countries (LMICs). However, shifts in the global development financing landscape and the reduction of traditional donor support for STEP risk jeopardising both the significant progress achieved and the investments made.

To remain relevant, sustainable and effective, STEP must evolve from a leadership development programme into a system optimisation and operational improvement platform called Next STEP.

To reposition Next STEP as a cost-effective, results-oriented investment that strengthens health systems, the following five recommendations are suggested:

1 Evaluate programme models

While existing leadership, change management and team development models remain relevant, many of the models at the centre of STEP 2.0 have been updated, while new models have been developed.

In the development of Next STEP, these alternative, updated and new models should be assessed for applicability in LMICs. Curricula should be revised accordingly, ensuring alignment with the most recent evidence, frameworks and principles.

2 Revise programme initiation, engagement and implementation strategies

Next STEP should be marketed as a platform, not a programme, emphasising its focus on system optimisation, making it modular, adaptable and able to support different objectives. Reducing the cost of implementing the programme should be an imperative, potential new donors should be targeted, while the number of implementing partners should be reduced.



3 Refresh processes

The recruitment process for both participants and coaches should be updated in line with the new focus, while changes should be made to the preparation phase. Evening assignments should be eliminated, the pace of the curriculum adjusted and the in-person workshop geared towards collaboration and applied problem solving. To increase female participation in Next STEP a 50-50 gender ratio should be introduced, as should coach sponsorship to enhance the career prospects of female supply chain leaders.

4 Update curriculum

The Next STEP curriculum should be narrowed and more targeted, with the inclusion of customised technical modules linked directly to operational challenges. The redesign of the curriculum should facilitate ease of translation and adaptation, and implementing partners should be given guidance to tailor content to local contexts and system needs. The in-person workshop should be restructured to accommodate the new technical focus of Next STEP.

5 Use artificial intelligence and virtual engagement platforms

AI should support programme redesign, model evaluation and curriculum development, while virtual engagement tools, such as learning management systems, can improve accessibility, continuity and collaboration.



INTRODUCTION

Authors' position statement

Successful programmes must be resilient to remain relevant when facing significant disruptions and foundational *sea changes*.

International development organisations face significant financial challenges and have lost most of their traditional support, severely limiting the availability of discretionary programmatic funds. System financing is shifting to a greater focus on private finance, local ownership and domestic resources.

The Strategic Training Executive Programme (STEP) has brought, and continues to bring, great value to supply chain professionals and country health systems. The programme is designed to be resilient.

To remain relevant, it must pivot from leadership development to leveraging the programme's change management processes to contribute to, and enable, system optimisation and integration through continuous operational improvement approaches.

STEP is a USD six million, multi-year, cross donor investment

Multiple donor organisations have invested in STEP since it first launched in 2015. The original programme was offered by Gavi from 2016–2020 and delivered through 13 programmes, with an investment of over USD one million. The programme was reborn in 2020 as STEP 2.0 and implementation began in 2021. To date, approximately USD five million has been invested by the donors' collaboration group (Gavi, the Global Fund, IFPW Foundation, UNICEF and USAID) through 22 programmes.

This investment is at risk

International development organisations face significant financial challenges, not least a reduction in funding from traditional donor organisations. One of the first casualties of an austere funding environment is learning and development. Four of the five STEP collaboration donors (Gavi, the Global Fund, UNICEF, and USAID (no longer operational)) might not support the programme financially in 2026.

While STEP is a development process and change management tool, it is associated with conventional learning and development, which is often not considered essential during times of scarcity. Additionally, as a relatively expensive programme to administer (the average cost of an implementation is around USD 130,000), STEP is a likely target to be deprioritised by the current donors' collaboration group. **However if the STEP programme does not continue to support leadership and change management in low- and middle-income countries (LMICs), the USD six million invested by donors – and the significant efficiencies gained in dozens of country supply chains – are at risk.**

REMAINING RELEVANT

To remain relevant, STEP must pivot from a focus on leadership development to one that leverages the programme's change management processes to contribute to, and enable, system optimisation and integration through continuous operational improvement.

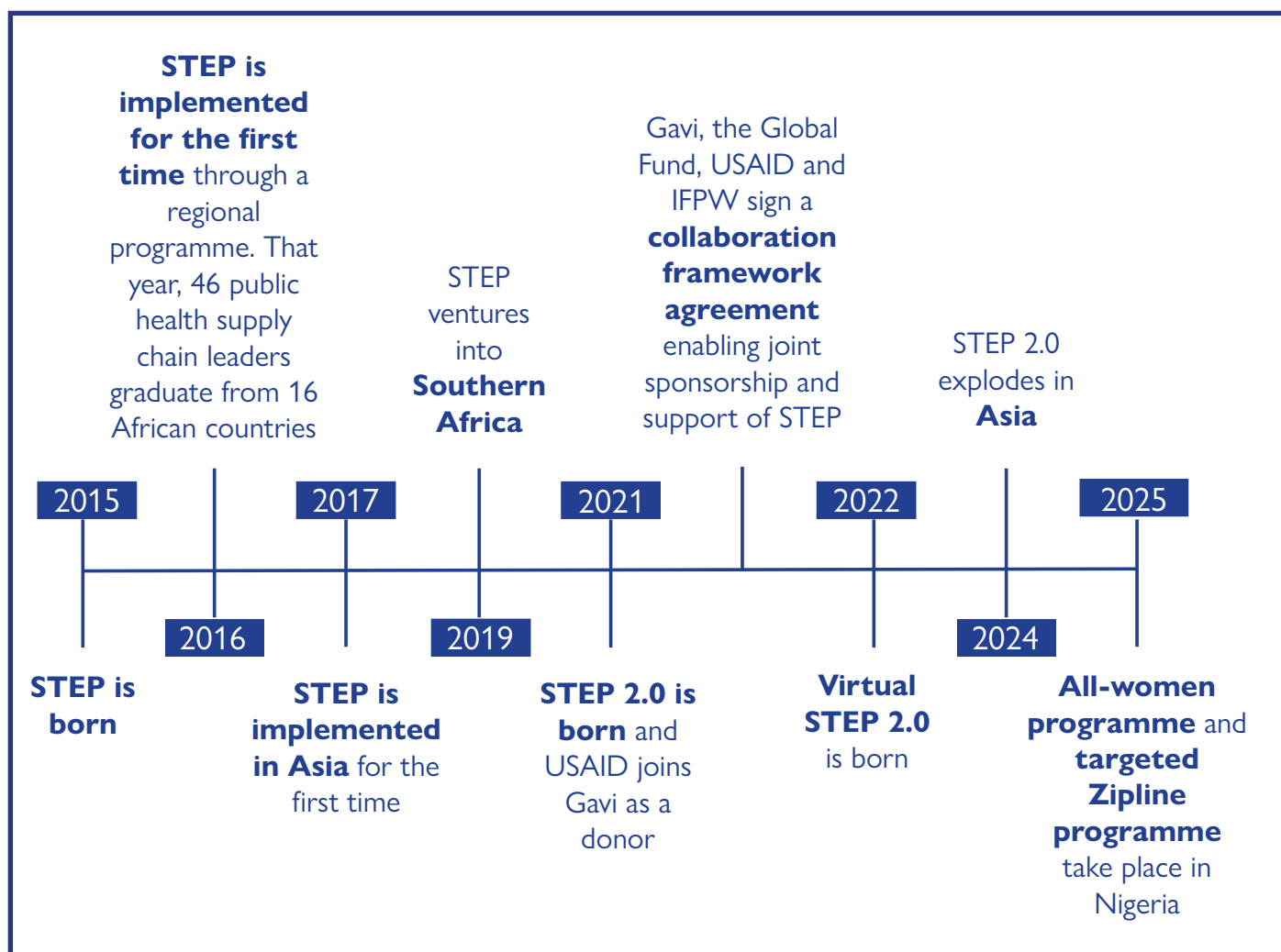
STEP is popular and effective

Since 2016 more than 900 public sector supply chain leaders from 33 countries have graduated from STEP. Evidence shows that the programme can increase participant competency by up to 50 percent and contributes to improved supply chain performance, increased data accuracy and greater evidence-based decision making. In a 2025 People that Deliver (PtD) survey, 85 percent of respondents from 15 countries indicated that capacity building of supply chain leaders and managers is a high priority, and almost all survey respondents were interested in enrolling their supply chain managers in the programme.

Participant data indicates an opportunity to improve gender balance, as women currently comprise around 30 percent of participants. The STEP 2.0 coordinators, facilitators, donors and coaches are committed to identifying and implementing approaches that encourage greater participation by women, and the authors recommend specific approaches to promote and actively support the participation of women, such as establishing a clear requirement – a 50-50 gender parity standard – for all future programmes.

Figure 1

STEP milestones: 2015-2025

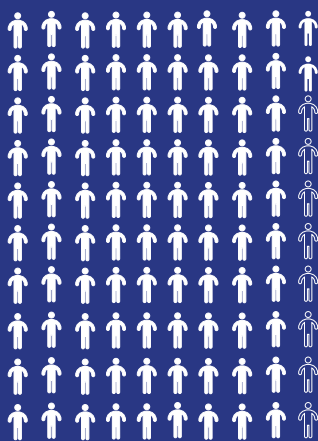


STEP 2.0 2021–2025

26
programme
implementations

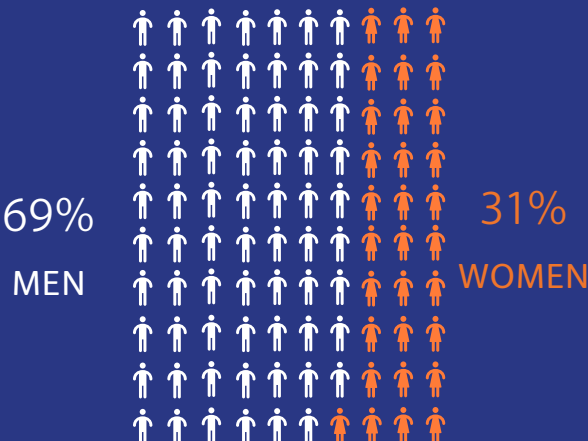
586
public sector supply
chain leaders
have graduated
from STEP 2.0

Graduation rate



92%
of participants
graduate from
STEP 2.0 having
achieved the
objectives of *Your
transformation
challenge* and
having completed
all modules

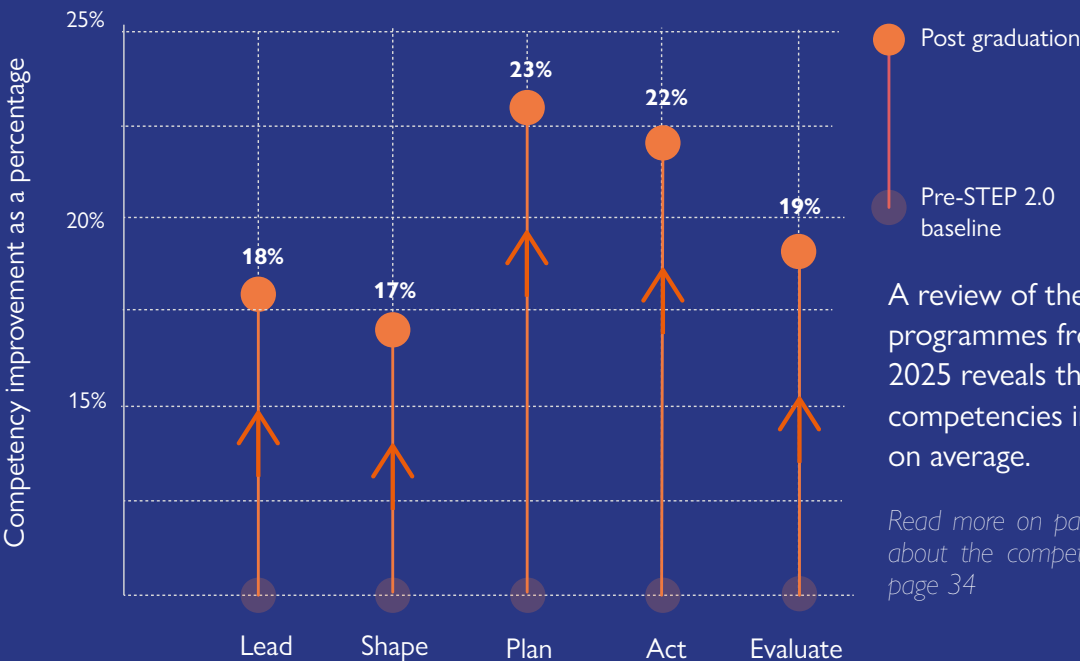
Participants' gender



69%
MEN

31%
WOMEN

Average increases in participant competency



A review of the eight completed programmes from 2023 to 2025 reveals that participant competencies increased by 20% on average.

Read more on page 16 and learn more about the competencies in Annex 2 on page 34

STEP 2.0 M&E REPORT FINDINGS: HOW CAN STEP STAY RELEVANT?

The STEP 2.0 hub, managed by People that Deliver (PtD), published the first [monitoring and evaluation report](#) in October 2025. This report assessed the effectiveness, relevance and impact of the programme over a five-year period (2021–2025). The report detailed findings from a consultative process through which the STEP hub sought feedback from participants, countries, facilitators and others over potential programme modifications. Below are the findings, which are addressed later in this report in the [Proposed modifications](#) section.

1 **Reposition STEP as a system optimisation programme**

In response to the changing donor landscape the programme should be tailored to country and regional contexts, and target a specific supply chain operation. Leadership development should be presented as a mechanism to optimise health supply chain systems.

2 **Strengthen post-programme implementation support structures**

A community of practice would offer support to participants after the formal programme ends, providing the support required to maintain motivation and consider how to address new challenges.

3 **Enhance organisational and policy-level integration**

Integrate participants' *Your transformation challenges* (YTCs) into organisational plans, budgets and HR strategies. Onboarding and sensitisation sessions for senior leaders should ensure alignment between organisational objectives and participants' *Your transformation challenges* (YTCs).

4 **Tailor the programme to different leadership levels**

Develop tiered pathways for emerging, mid-level and senior leaders in order to meet their distinct professional development needs.

5 **Institutionalise monitoring and data use**

Participants demonstrate the improved use of key performance indicators, data dashboards and feedback loops but future versions should further embed data-driven performance management within national systems. Technical modules on digital transformation, analytics and adaptive leadership could strengthen this focus.

6 **Align more closely with donor priorities**

Strengthen alignment between programme goals, donor strategies and national health system reforms.

7 **Align more closely with national policies**

Incorporate joint planning with national HR units and supply chain directorates to institutionalise leadership development and change management as part of national workforce strategies and planning.

8 **Measure organisational supply chain metrics**

Expand the monitoring and evaluation framework to include organisational-level supply chain performance indicators, providing a more comprehensive measure of system improvement.

THE FOUNDATIONS OF STEP 2.0'S SUCCESS

There are multiple elements of the STEP 2.0 programme that should be retained in the next version of the programme, henceforth referred to as *Next STEP*. The following elements have been and remain essential to maintaining the unique selling proposition of the programme, and have proven critical to its success and fundamental to the personal and organisational improvements that have been documented.

Private sector engagement

This is the defining feature of STEP. Private sector industry professionals volunteer their time as coaches, providing invaluable coaching and support throughout the programme. These coaches play a significant role during the workshop and guide the participants to achieve the objectives of their YTCs.

- STEP would not be STEP without this private sector engagement
- The majority of STEP 2.0 coaches have been recruited from pharmaceutical manufacturers and wholesalers, and logistics providers; this should continue to be the case.

STEP competencies

The programme is built around 25 general leadership and change leadership competencies; these remain relevant and should remain in place.

The structure and duration of the programme

STEP 2.0 follows a 1-5-3 process with:

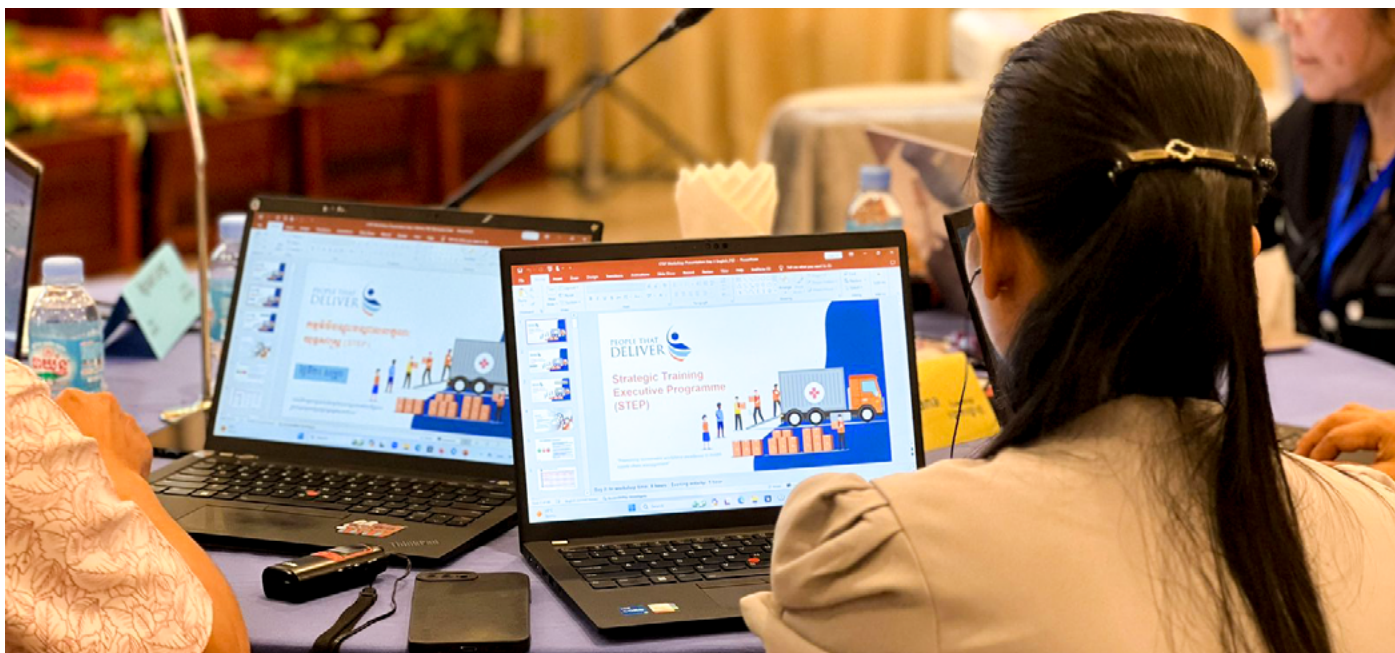
- One-month dedicated to programme preparation.
- A five-day, in-person, workshop, where the participants, working in teams and led by a private sector coach, learn the skills and approaches needed to overcome the YTC.
- A three-month YTC period, during which the participants, with continued guidance and oversight from the private sector coaches, apply the skills and tools learned to overcome a specific challenge in their organisation.

Vetted implementing partners

During the first generation of STEP, Gavi managed programme implementations. Based on recommendations from Gavi's mid-term review (2019) and the expansion to a broader donor base, the STEP 2.0 hub recognised and implemented a programme management model using accredited implementing partners (AIPs). AIPs were selected through tenders from the various donors and vetted by PtD. This process should remain.

STEP is delivered to low-and-middle-income countries (LMICs)

STEP focuses on low- and middle-income countries (LMICs), where gaps in health supply chain performance are most pronounced, especially as donor funding declines. These contexts also align with the priorities of organisations and companies that contribute skills-based volunteers, in contrast to higher-income countries, which are generally less targeted by such partnerships.



CONSIDERATIONS

- Next STEP coordinators and implementers should approach other industries and new organisations to further develop the broad pool of highly-experienced coaches.
- The content, oversight, governance and processes for each phase of the programme will need to be adapted to achieve the goals of the new programme.
- An entirely virtual version of the workshop (vSTEP 2.0) was implemented several times during the COVID-19 pandemic. These programme implementations were not as well received as the in-person workshop versions.

PROPOSED MODIFICATIONS

This section expands on the findings from the M&E report and includes other considerations to enable Next STEP to pivot to meet local needs for operational improvement.

When the original STEP programme was refreshed in 2020, one of the key additions was the inclusion of Kotter's 8-step change management process. This model had been the focus of a similar leadership development programme offered through USAID called Transformational Leadership.

The inclusion of this process enabled each programme to demonstrate measurable impact through the generation of data. This addition gave STEP 2.0 a dual purpose: leadership development (people focused) and change management (process focused). This dual focus enables the seamless pivot to operational impact as people-focused leadership skills prepare participants to lead change, while process-focused change management tools translate those skills into action. What's more, data and measurement link leadership behaviours to operational results. To revise STEP 2.0, structural changes and adjustments will need to be made to each phase of the programme.

The challenge currently facing STEP 2.0 is the perception of donors and countries that the programme's sole focus is leadership development. The international donor landscape has shifted and programmatic funding has become more restricted and under such conditions, historically, leadership and development programmes have been one of the first areas to suffer reduced funding. The STEP 2.0 programme has already fallen victim to this, losing funding from Gavi, UNICEF and the Global Fund, in addition to USAID.

In response to the evolving donor landscape, the programme's flexibility should be leveraged to allow it to be tailored to broader country and regional contexts, as well as to the needs of not only supply chain but other operational environments too.

STRATEGY-LEVEL MODIFICATIONS

Next STEP should be presented as a flexible engagement mechanism that draws on established change management methodologies and private sector consulting expertise to deliver context-specific solutions that strengthen health supply chain systems. STEP is not a training programme and should not be presented as such; it functions as an engagement platform that leverages private sector expertise, change management tools and leadership development in ways that align with countries' health supply chain challenges and objectives.

Feedback detailed in the 2025 M&E report suggests that STEP is more attractive to donor organisations and country representatives when focused on measurable operational improvements. The most recent implementations of the programme have thus focused more on enhancing operations than developing leaders.

Over time, the intended participant profile has evolved: initially the most senior supply chain leaders in the country (executive level) were targeted, while recent implementations – those that have focused on systems as a whole – have considered where change is required and how it could be managed (transformation).

Change the programme name

STEP is an acronym that stands for Strategic Training Executive Programme. Although the name was never changed, the positioning of the programme in recent years moved away from a focus on leadership development to a tool for change management.

The authors recommend retaining the STEP acronym, given that its name and brand is now recognised globally.

The name of the programme should reflect not only a new version but also its new focus. Thus, in the authors' opinions, STEP 3.0 is not appropriate. The authors propose *Next STEP* as the name of the next version of the programme. This name communicates the new vision and can easily be promoted as the *Next STEP* in a country's journey to transform its supply chain operations and health system.

Support donors' change in strategic focus

We believe that there will be a shift in donor priorities: a shift away from capacity building efforts and towards initiatives that improve efficiency, reduce costs, increase access, and improve data quality and other measurable system impacts.

Strengthening alignment between programme goals, shifting donor strategies and national health system reforms will be key donor priorities in the coming years. Next STEP will support this alignment while ushering in measurable systemic improvements.

Support countries' change in strategic focus

We believe that countries, too, will shift their policies regarding the types of programmes sought and supported. Against a backdrop of doing more with less (funding), programmes that lead to systemic improvement and optimisation will be given greater priority over those that emphasise learning and development.

One way to ensure that STEP aligns with country priorities is to incorporate joint planning in national HR units and supply chain directorates. This will also enhance organisational- and policy-level integration of YTCs, organisational plans, budgets and HR strategies, thus helping to institutionalise change management as part of national workforce strategies and planning.

Expand beyond health supply chains

STEP was developed, and has historically been presented, as a supply chain focused programme. This is because the departments within donor organisations that sponsored STEP 2.0 were responsible for supply chain interventions.

STEP is built around two theories: stages of team development and Kotter's change management model. Both can be applied to any context. It is through a series of case studies presented during the workshop that technical supply chain content is taught.

To broaden its impact, Next STEP should be implemented in settings beyond the health supply chain, where its change management, leadership and operational improvement tools can be adapted to other sectors. Actively pursuing this expansion should be a key strategic goal.

Reduce programme cost

The cost of the programme is a deterrent for some funders and as such efforts should be made to decrease the cost. See [Appendix 1](#) for costing information.

Tailor the programme to different leadership levels

Develop tiered leadership pathways that provide targeted professional development for emerging, mid-level and senior leaders, linking each stage to specific skills, responsibilities and measurable organisational outcomes. This approach ensures that leaders not only grow individually but also contribute to strengthened organisational performance.

SYSTEM-LEVEL MODIFICATIONS

Broaden monitoring and evaluation

STEP 2.0 was built around 25 leadership and change leadership competencies, each of which was measured before, during and after the programme. This enabled implementing partners to measure the growth in participant competency.

The Next STEP M&E framework will need to be expanded to include organisational-level supply chain (or other health system) performance indicators. This will allow for the monitoring and measurement of system improvements.

Increase focus on institutional monitoring and data (KPIs)

Next STEP should focus on metrics that demonstrate the improved use of key performance indicators (KPIs), data dashboards and feedback loops. Implementing partners should aim to further embed data-driven performance management within national systems into the programme. Modules on digital transformation, analytics and adaptive leadership could strengthen this focus. Adaptive leadership can help to show how systems operate after YTCs have been addressed.

Strengthen post-programme implementation support structures

Communities of practice (CoPs) enable participants to receive ongoing support after the programme ends, helping them stay motivated and tackle new challenges.

At the institutional level, this includes applying best practices to organisational policies, workflows and performance management systems; supporting peer learning on leadership, change management, and workforce practices; and reinforcing accountability for implementing action plans.

Practical examples include cross-department leadership CoPs, where managers from various departments meet regularly to apply leadership and change management tools to shared organisational challenges, and a leadership pipeline CoP where leaders engage in peer learning to support leadership progression.

At the system level, CoPs enable structured knowledge exchange across organisations, joint problem-solving on shared constraints and coordination among public and private actors.

A practical example is the STEP alumni CoP hosted by the International Association for Public Health Logisticians (IAPHL).

Increase female participation

Women make up 70 percent of the global health workforce but remain marginalised in global health leadership, holding only 25 percent of global health leadership roles. Gender equity in global health leadership is essential to adequately addressing global health issues and the disparities that impact female populations across the globe. Moreover, increases in leadership opportunities for women have been shown to boost organisational effectiveness and growth. Women in positions of leadership offer unique perspectives, valuable experience and renewed innovation.

Women were underrepresented in the composition of STEP 2.0. In 2025, an all-female cohort in Nigeria was trialled with positive results; data showed an average 35 percent improvement across all categories – lead, shape, plan, act and evaluate – and 93 percent of participants stated that all or almost all their outcomes had been achieved. Although STEP 2.0 enhanced participants' leadership competencies, we do not yet know if the programme will aid their career development.

Some scholars argue that leadership development programmes should be tailored to women, emphasising women only settings to foster confidence, skills development and psychological safety. Critics argue that these programmes follow a *fix-the-women* approach, overlook structural barriers, exclude men from gender discussions and expose women to social penalties for behaviours encouraged in such programmes (World Bank, 2025).

The authors recommend adopting a formal, institutionalised approach to achieve gender balance by establishing a clear requirement – such as a 50/50 gender parity standard – for all future programmes. This would move gender equity from an aspirational goal to a measurable obligation, ensuring that programme design, recruitment, selection and evaluation processes are systematically aligned with parity objectives.

A quota-based framework would also enhance accountability by creating explicit benchmarks against which progress can be monitored and reported, reducing the likelihood that gender imbalances persist owing to informal or ad-hoc decision-making.

The authors also recommend expanding the use of tailored, all-women cohorts designed to address the workplace challenges commonly faced by women in LMICs. These cohorts would focus on building skills and behaviours – such as assertiveness, visibility and self-advocacy – which are often constrained by structural and cultural norms rather than individual capacity.

The authors further suggest incorporating shorter, in-person workshops, recognising that the expectations of long hours combined with participants' limited flexibility can disproportionately disadvantage women, who continue to shoulder a greater share of caregiving responsibilities. Importantly, all-women programmes should be embedded within broader organisational systems and practices to promote lasting cultural change, rather than be implemented as stand-alone events.

Women often have less access to influential professional networks than men, and receive less career-advancement coaching and sponsorship. While coaching has proven effective in transferring practical knowledge through the STEP 2.0 programme, it has not consistently translated into improved performance or sustained career gains. Sponsorship programmes offer a complementary approach, in which senior leaders not only provide guidance but also actively advocate their *protégés'* advancement by leveraging their influence to increase visibility and access to opportunities.

Men can play a critical role in ensuring that the perspectives of female leaders are heard and represented within organisations. Research indicates that men are more likely than women to benefit from sponsorship by senior colleagues, underscoring the need for more intentional and equitable sponsorship structures. Accordingly, the authors recommend integrating a formal sponsorship component into Next STEP. They also recommend the inclusion of male coaches for women participants, given that men often hold greater positional power within organisations and may be better positioned to open doors, serve as connectors and act as sponsors – extending the coaching role beyond psychosocial support to include tangible career advocacy.

THE COUNTRY-DRIVEN PIVOT TOWARDS SYSTEM OPTIMISATION

The move away from personal development and towards operational improvement has been gradual and began in early 2025. The STEP 2.0 programme in Kenya comprised participants from Kenya Medical Supplies Authority (KEMSA) and included acting director John Kabuchi. Mr Kabuchi – and the KEMSA leadership – was keen for its STEP 2.0 participants to work on overcoming systemic supply chain challenges facing the organisation. As such, participants' *Your transformation challenges* (YTC) each contributed to overcoming a greater supply chain obstacle.

One group of KEMSA employees, for example, focused on delayed billing and revenue leakage across supply chain services. Although their three YTCs approached the issue from three distinct departmental angles – operations, programme management and finance – their collective efforts resolved long-standing inefficiencies.

Participants also reported that the STEP 2.0 programme had fostered a culture of shared accountability across KEMSA.

The STEP 2.0 Zipline programme in Nigeria went even further in its focus on system optimisation. The objective of the programme was to prepare three Nigerian states for the implementation of a multimodal supply chain network through a systems-based approach, accelerating the integration of Zipline's services into public health systems, and in so doing, creating system-wide efficiencies.

This programme included the addition of technical modules, which were tailored to the objectives associated with the programme. In this instance, the content centred on supporting the development of an effective multi-modal supply chain network.

PROOF OF CONCEPT IN NIGERIA: ZIPLINE AND OPERATIONAL IMPROVEMENT

STEP 2.0 was originally designed to be customisable to specific organisational and country contexts. It can address system optimisation challenges such as logistics disruptions, demand fluctuations, supplier issues and regulatory compliance. In the second half of 2025, STEP 2.0 was implemented in three states in Nigeria, testing the concept of a fully customised programme focused on systemic improvements.

Working in partnership with the drone service provider, Zipline, STEP 2.0 was implemented with the goal of strengthening multimodal supply chain management through a systems-based approach. This means using two or more transportation modes under one single contract managed by one operator for better efficiency, visibility and resilience, reducing costs and increasing speed.

Through STEP 2.0, participants learned how to effectively manage drone-based delivery alongside traditional transportation. The goal was to accelerate the integration of Zipline's services into public health systems and, in so doing, create system-wide efficiencies, such as increased stock availability and cost savings, and ultimately widen treatment coverage and increase patient access.

The cohort brought together supply chain and cold chain officers, logistics officers, chief pharmacists and directors from institutions from three state levels – ministries of health, state planning commissions and primary health care agencies and boards – across Bayelsa, Cross River and Kaduna states.

This focus on operational outcomes positions the programme to support system optimisation and interventions to improve operations. The authors believe that this is the best use of the programme going forward.

RESULTS

This STEP 2.0 programme was successful in laying the groundwork for the integration of drones in last mile delivery in Nigeria. The introduction of drone operations into three states in Nigeria has already reduced the number of zero-dose (ZD) children in the country. There has already been an increase in product availability as well as a fall in the cost to deliver health products and services in the selected states.

- An additional **84,270 zero-dose children** have been treated
- The coverage of health products and services has expanded to **27 new priority communities**
- Zipline's logistics have been integrated into the state dashboard. This has **strengthened data quality, enhanced inventory visibility** and improved routing efficiency
- Higher order accuracy and better planning have **increased the delivery of medical products and services** and **reduced stock-outs**
- **Government confidence in Zipline** as a trusted partner is now extremely high

The introduction of technical modules

Technical timeouts – a mainstay of the STEP 2.0 curriculum until now – were replaced by new technical modules for this programme. These were developed to support the development of an effective multi-modal supply chain network.

These tailored modules focused on topics including real-time decision-making between Zipline and state teams, the cost implications of multi-modal supply chains and the use of data in multi-modal supply chains.

”

The team said it was phenomenal and led to so many accelerated mental breakthroughs on the side of the states. We realised how powerful it is to have a third party facilitate this kind of thinking and solutioning work with governments, and it's something we'd like to try to replicate with all new launches, and maybe something to repeat every year or so with current partners.

Caitlin Burton
CEO Zipline Africa

”



The participants, coaches and facilitators during the STEP 2.0 Zipline workshop, which was held in Nigeria in 2025

RECOMMENDATIONS

The preceding sections of this report contain recommendations to keep STEP 2.0 relevant, highlighting the areas that require modification in changing the focus of the programme towards system optimisation and operational improvement.

The authors intentionally do not address the questions of who should lead the redesign of the programme, or when or where the process should take place. The programme's redesign will only be realised if fully funded. The authors present their thoughts and recommendations on this project scope in the final section of this chapter.

1. EVALUATE PROGRAMME MODELS

The first step in the process to redesign the programme is to take steps to ensure that the three models used in the programme remain current and relevant. The three models are:

People that Deliver's Building Human Resources for Supply Chain Management Theory of Change

First published in 2018, the second edition of this foundational framework was published in 2025

The first edition of this framework was part of the STEP 2.0 curriculum. The second edition integrates diversity, equity, inclusion and accessibility (DEIA) throughout every pathway, assumption and tool in recognition that health supply chains must attract women, youth and marginalised groups if they are to appropriately reflect and serve the communities they are built to support.

Recommendations

1. Update curriculum to incorporate updates from the second edition

Kotter's 8-Step Process for Leading Change

First published in 1996 with the latest edition published in 2021

STEP 2.0 (developed in 2020) applied the principles of the 2014 version of this model. For Next STEP the 2021 version will need to be considered. A review of other change management models will also be necessary to ensure the curriculum is current and relevant. Some examples include:

- [The Kübler-Ross Change Curve](#)
- [The Bridges Transition Model](#)
- [Lewin's change management model](#)

Recommendations

1. Evaluate other models for ease of use and application in a low-and middle-income countries (LMICs). If Kotter's model remains the preferred model, update curriculum to harmonise with the latest (2021) revision

Tuckman's Stages of Team Development

First published in 1965, with the latest edition published in 2001

In 1977, Tuckman added a fifth stage (Adjourning) to the Forming, Storming, Norming, Performing model. This fifth stage was not included in the STEP 2.0 curriculum.

A review of other team building models will be necessary to ensure the curriculum is current and relevant. Some examples include:

- [GRPI Model](#)
- [The Hackman Model](#)
- [The Katzenback and Smith Model](#)
- [The T7 Model of Team Effectiveness](#)
- [The LaFasto and Larson Model](#)

Recommendations

1. Evaluate other models for ease of use and application in LMICs. If Tuckman's model remains the preferred model, updates should include:
 - Harmonised curriculum with the latest (2001) revision
 - Simplified curriculum (which is currently considered to contain too much content)

2. REVISE PROGRAMME INITIATION, ENGAGEMENT & IMPLEMENTATION STRATEGIES

Programme ownership

Since its inception, the programme has been owned by either a single donor (original STEP, Gavi) or a group of donors (STEP 2.0, donor collaboration group). The donor collaboration group comprised five international organisations and one private sector foundation. This cross organisational coalition was managed and governed through People that Deliver. In 2025 significant changes were made to this coalition as donors ended their involvement in the programme (USAID, Gavi, the Global Fund, UNICEF) and PtD has transitioned to the volunteer-led PtD Exchange.

Recommendations

1. Operate Next STEP within the framework of a collaborative group of donor organisations
2. Develop a business case to recruit additional donors
 - Target other international organisations
 - Target other private sector foundations and industry federations (such as those in the areas of technology, logistics or supply chain)
3. Target governmental bodies (e.g. Africa CDC)
4. Identify a new oversight and governance body to assume the duties of the PtD secretariat

Implementing partners

From 2016-2020, STEP was implemented by Gavi staff. The programme's mid-term review (in 2019) determined that this was not sustainable and recommended outsourcing programme management and implementation to organisations that specialised in training and programme management.

One of the enhancements for STEP 2.0 was to adopt this recommendation and employ a range of organisations (international development implementing partners, universities, centers of excellence and specialised training institutions).

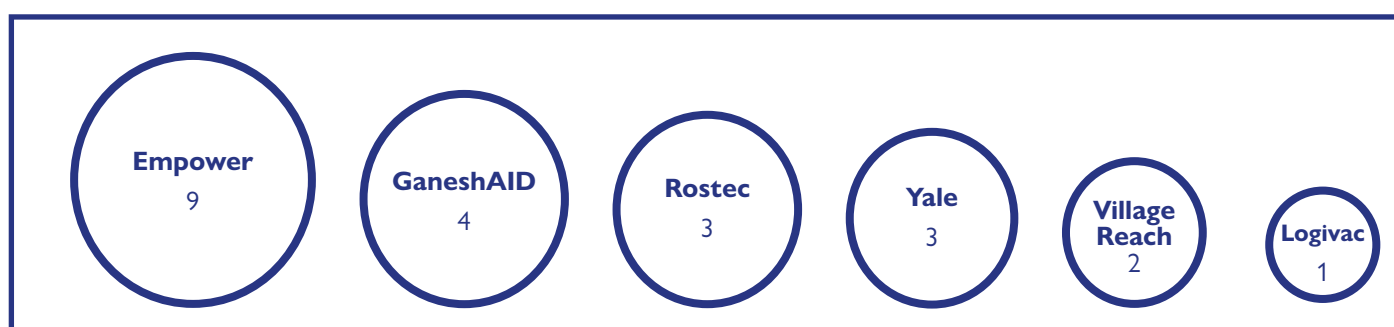
From 2021-2025, six organisations implemented STEP 2.0 on behalf of the donor collaboration group. See Figure 1 below.

STEP 2.0 reflections include:

- The programme is complex in content and complex in its administration
- Results varied across the range of providers
- Partners that implemented multiple programmes gained efficiencies of scale, which lead to better results, greater engagement and lower costs
- The programme is better served by limiting the number of implementing partners

Figure 2

Number of STEP 2.0 programmes by implementing partner



Recommendations

1. Limit the number of implementing partners to one or two
2. Reduce the complexity of administering the programme (detailed in step 4 below)
3. Consider multi-programme contract awards

Programme marketing

As stated throughout this document, to remain relevant the programme must redirect its use case to one focused on operational improvement, and system design and optimisation. This is a logical pivot and one that became a feature of recent STEP 2.0 programmes. However the strategic change management components of the programme should now be emphasised.

We also know that, within the current donor collaboration group, capacity development initiatives will be de-prioritised in favour of initiatives that support a broader systems approach that provides measurable impact by solving operational inefficiencies to optimise health system functionality.

Another factor to consider is that the programme, to date, has targeted supply chain operations and systems. This is a result of the influence of the groups and departments within the various donor organisations that fund the programme.

However, the models presented in the programme are not specific to health supply chain systems and could be applied to a wide range of health systems.

Recommendations

1. Refresh all marketing material to reflect Next STEP's cores focus on system optimisation
2. Develop a marketing strategy to target both the existing donor pool and prospective donors
3. Develop a workforce investment case
4. Develop a marketing strategy and supporting materials to expand the scope of the programme beyond health supply chains

Programme costs

STEP 2.0 is regarded as a high cost initiative. Individual STEP 2.0 implementation costs ranged from USD 80,000 to USD 274,448 ([see Appendix 1](#)). The cost per participant ranged from USD 4,211 to USD 14,445 ([STEP 2.0 Monitoring and Evaluation Report, 2025, PtD](#)). This variance is driven by a number of factors. For one, initial implementation costs for each implementing partner are high owing to the need to integrate the programme materials into a learning management system.¹

Participant cohort size drives the cost per participant with higher costs associated with a lower cohort size (cohort size ranged from 11 to 31 participants). This is due to the fact that the significant costs of the programme are attributed to fixed staffing fees. The only variable costs are associated with workshop logistics (travel, lodging, per diem and workshop facilities). Implementing partners have demonstrated their ability to continually lower costs as they implement more programmes and gain efficiencies of scale (see [Appendix 2](#) and [Appendix 3](#) for more information). The availability of donor funds has also played a minor role in the cost per programme analysis.

¹The highest cost was driven by the requirement to develop a virtual version of the programme for delivery during the COVID-19 pandemic

Recommendations

1. Benchmark similar programmes in the private and academic sectors to determine if costs are excessive
2. Include implementing partner representation at step 4 to identify efficiency and cost-lowering opportunities
3. Report fixed and variable costs separately

REFLECTIONS

- *Implementing partners spend six to eight months to prepare and deliver STEP 2.0*
- *As far as the authors are aware, there are no public sector programmes like STEP 2.0*

3. REFRESH PROGRAMME PROCESSES

Identifying potential programmes

For STEP 2.0, country implementations were determined in one of two ways: either the country was a donor priority or the implementing partner drove country engagement. In eight of the 22 STEP 2.0 programmes the countries were recruited by an implementing partner. The promotion of STEP 2.0 was the responsibility of donors and implementing partner, with leadership development the priority.

Next STEP will pivot to solving operational challenges. The first step in identifying potential programmes will be to identify operational challenges for the programme to address.

To maximise return on investment, the identified operational challenges should have a significant system-wide impact.

Recommendations

1. Use the programme marketing strategies and materials developed during step 3 to generate interest and demand among donors, implementing partners and countries
2. Develop social media campaigns
3. Implement direct campaigns to generate country demand
4. Seek presentation opportunities at conferences, associations, and other sector or industry gatherings
5. Develop operational impact criteria documentation to guide interested parties
6. Implement more programmes with all-women cohorts

Initial cohort recruitment process

STEP 2.0 targeted health supply chain leadership and decision makers. The pivot to operational improvement will require rethinking the selection process for participants.

As referenced earlier in this document, gender balance is currently biased toward male participants. Efforts to close this gap should be considered.

Stipulating a 50-50 gender ratio as a requirement would transform gender equality from an aspirational goal to a measurable obligation, ensuring recruitment is systematically aligned with gender parity objectives.

The ideal candidates will be members of the workforce who are empowered to drive significant operational change in a specified area targeted for improvement.

Recommendations

1. Modify the implementing partner cohort recruitment process support material and operating procedures to target members of the workforce who are empowered to manage and drive significant operational changes through their YTCs
2. Introduce a 50-50 gender parity standard to increase the participation of women
3. Your transformation challenge project teams should comprise participants working on shared goals
4. Provide onboarding sessions for leadership teams to ensure understanding of and commitment to the objectives of the programme

Initial coach recruiting process

One significant change envisioned with Next STEP is the assignment of the participants to specific teams from the onset of the programme, as mentioned above. This predetermination of teams will also require the availability of private-sector skills-based volunteer coaches to lead teams at the onset of the programme.

Recommendations

1. Develop a process to identify potential coaches 60-90 days before programme launch
2. Modify existing, and develop new, coach recruitment support materials to reflect the changes in the focus of the programme (leading change)
3. Continue to find new organisations to provide skills-based volunteers
4. Consider the implications of a non-private sector pool of coaches (e.g. academia, implementing partners or government partners)
5. Integrate a formal sponsorship component, identifying individuals willing to invest in female leaders and provide them with tangible opportunities for career development
6. Include male coaches for female participants given that men often hold greater positional power within organisations and may be better positioned to open doors, serve as connectors and act as sponsors

Programme preparation phase

As detailed above, the participants will be assigned to a specific team where they will work on solving a specific, measurable operations challenge that has been identified. This is a significant change from the current version of the programme where participants used the *programme preparation phase* of STEP 2.0 to identify the problem area to address, and were assigned teams during the in-person workshop.

For Next STEP, the preparation phase of the programme will require restructuring.

Recommendations

1. Structure the programme preparation phase to focus on *Preparing for the Challenge* through:
 - Team formation and initiation activities
 - Benchmarking (baselining) system metrics that will be used to measure the impact of the programme
2. Expand leadership competency assessment to include peer assessments
3. Reduce the programme preparation period to two weeks

Workshop phase

The workshop is where the participants learn leadership concepts and change management methods. STEP 2.0 focused on a comprehensive approach that included a wide range of leadership and change management models and tools. The redesigned programme, which will focus on operational impact, will require deeper instruction on fewer models, methods and tools, presenting a very specific process that leads to measurable, improved impact.

The pace of learning and modules for STEP 2.0 was considered fast and included evening assignments. Both the pace and evening assignments faced nearly universal (across all programmes) criticism and negative feedback.

During the Next STEP in-person workshop, more time will be dedicated to team collaboration and developing action plans to drive improvements in participants' transformation challenge areas.

REFLECTION

The measurement and evaluation of individual participant growth should remain.

Recommendations

1. Restructure the in-person workshop by:
 - Eliminating evening assignments and activities
 - Reducing the content taught during the in-person workshop by eliminating topics that do not specifically relate to the leadership and change management models, methods and tools needed to address participants' YTCs
 - Allow more time for team-working sessions
 - For all-women programmes, adopt shorter in-person workshops in recognition that long hours can disproportionately disadvantage women, owing to their sometimes-limited flexibility
2. Restructure schedule to provide site visits (if possible)

Programme closure phase

The key process activity for this phase is the submission of final reports. These reports include a final report, an impact report and a measurement and evaluation report.

The submission of these reports should remain unchanged, however the focus of all reports should be on systemic KPI's and system impact.

Recommendations

1. Develop guidance for the inclusion of KPIs to measure system impact (expressed in number of people impacted, where possible)

Transformation challenge phase

The authors do not anticipate any changes to this phase of the programme.

4. UPDATE PROGRAMME CURRICULUM

Ease of translation

The STEP 2.0 supporting materials were developed in English and on occasions, screen shots, graphics, captioned pictures and other non-editable content were used in presentations, workbooks and other supporting documents. These non-editable documents cannot easily be translated into other languages. Next STEP will need to avoid use of this type of content.

Recommendations

1. Design the Next STEP curriculum without the use of non-editable content.
2. In parallel with the activities during cohort and coach recruitment, the implementing partner should develop customised curriculum modules that provide instruction in areas specific to the targeted operational challenges
3. Develop implementing partner process and supporting materials to facilitate the customisation of instructional content specific to the areas targeted for improvement

Programme preparation phase

As discussed above, this phase of the programme will be changed significantly. Next STEP will be focused on team collaboration, and documenting baseline measures and key process indicators (KPI), while retaining the leadership competency initial evaluation exercise.

Recommendations

1. Restructure the individual leadership competency evaluation to one based on a competency behavioural model
2. Expand individual leadership competency evaluation to include peers
3. Develop processes for guidance in KPI measurement and evaluation
4. Incorporate technical training as required
5. Provide team building opportunities

Workshop phase

As discussed above, the workshop will require significant modifications to align with Next STEP's new priorities. From a curriculum perspective, this will include the following:

- Customised technical training modules
- Elimination of extraneous content
- Slower pace
- More time to work together in a team context
- Elimination of evening assignments and activities
 - For STEP 2.0, the evening assignments and activities involved peer reviews of each participant's assignment and plans. For Next STEP, where the teams are already working together during the in-person workshop, the peer review will take on a new approach as each team member will be responsible for a different aspect of the team's overall plans.
 - All peer activities will take place during workshop hours, eliminating the need for evening assignments or activities and the associated supportive curriculum.

- Restructure the daily focus areas (currently Lead, Shape, Plan, Act, Evaluate) (see [Appendix 4](#))

- Day 1: Organise and focus
- Day 2: Creating a climate for change
- Day 3: Engage and enable others
- Day 4: Implement and sustain
- Day 5: Evaluate and track impact progress

- Restructure the daily four-session focus to:

- Session 1: Leading change concepts
- Session 2: Change management methods
- Session 3: Technical training
- Session 4: Team working session

Recommendations

1. Create guidance to help implementing partners develop a technical curriculum
 - Identify country needs (to supplement programme transformation challenge goals)
 - Develop curriculum and embed within the programme
2. Restructure the in-person workshop
 - Introduce new focus areas
 - Introduce new daily session schedule
3. Develop guidance for the inclusion of site visits, where applicable

5. USE ARTIFICIAL INTELLIGENCE (AI) & VIRTUAL ENGAGEMENT (VE) PLATFORMS

As AI and VE continue to grow in usage and relevance, the role of each in designing Next STEP should be evaluated for applicability. AI can help in the development of Next STEP while VE tools can improve accessibility, continuity and collaboration.

Recommendations

1. AI should be used in the following cases:
 - During programme re-development: Evaluate both current and alternative models (referenced in step 1) to determine the best change management and leadership models to include
 - During the development of appropriate curriculum to be added to the programme
2. Evaluate different VE platforms, such as learning management systems for accessibility and ease of use in LMICs

ESTIMATED INVESTMENT REQUIREMENTS TO DEVELOP NEXT STEP

Level of effort

Six-month consultancy

Programme redesign and strategic planning

This covers contracting design experts and running three-to-five major design workshops with key stakeholders. This includes:

- Stakeholder consultations
- Curriculum overhaul
- Concept validation workshops
- Expert consultants and technical advisors

Monitoring and evaluation

Development of new data systems, dashboards and knowledge products.

Curriculum development and customisation

High-quality instructional design and localisation can be resource-intensive. This includes:

Process

- Standard operation procedures
- Marketing collateral (programme identification, participant and coach recruitment)
- Reporting templates

Curriculum

- Programme preparation assignment templates
- Technical training customisation templates
- Workshop presentations
- Programme workbooks

APPENDICES

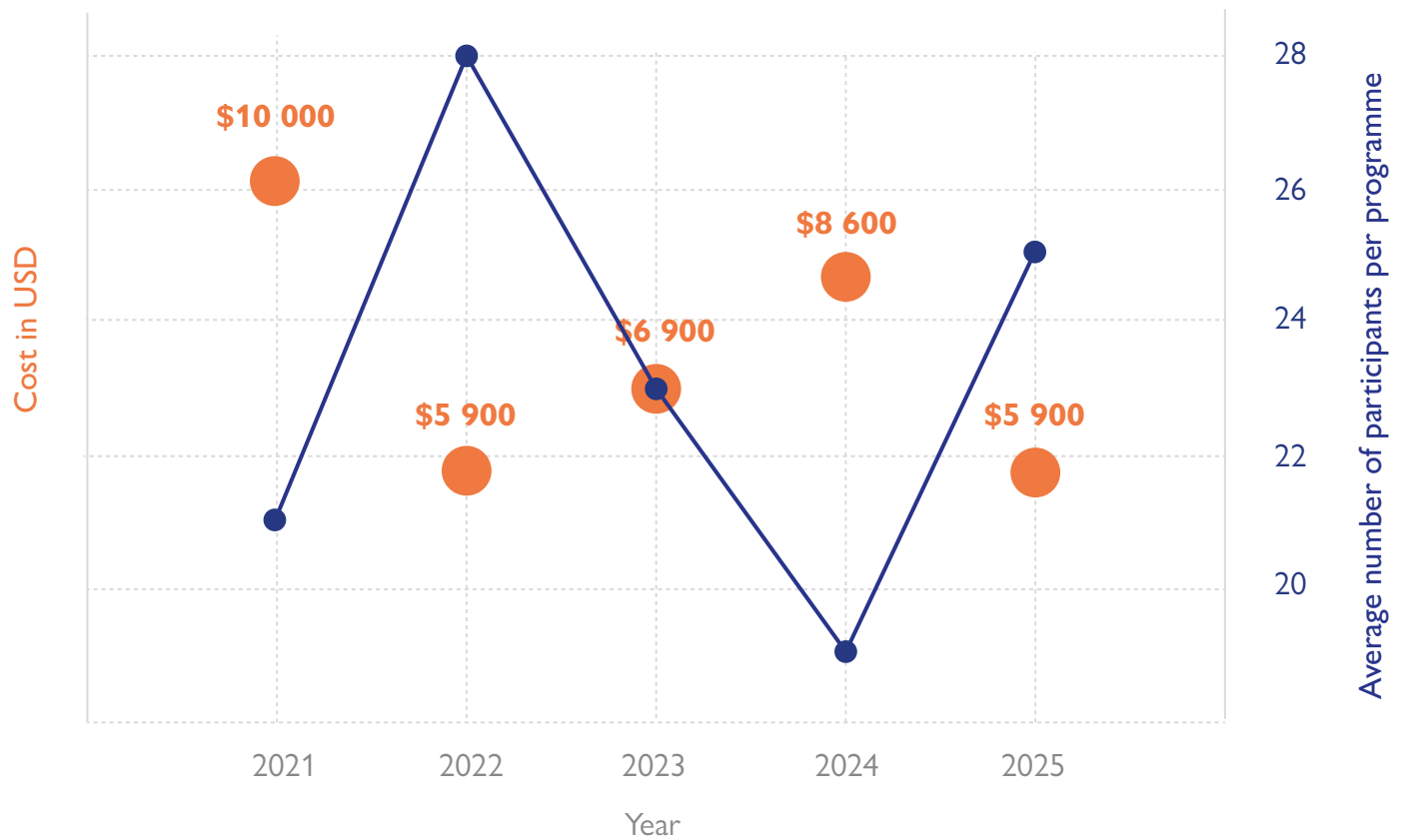
APPENDIX 1

STEP 2.0 key quantitative indicators dashboard 2021–2025

Year	Country	AIP	Dates	Cost (USD)		Cost/year	Cost/year/participant	Participants	Coaches	Participant /Coach Ratio	Gender Balance (% Female)	Participants Completing Program	Graduation Rate		
2021	DRC	Village Reach	03/2021 08/2021	\$	151,282			11	10	1.1	36%	9	82%		
	Zambia	Yale	10/2021 03/2022	\$	256,887			30	6	5.0	37%	30	100%		
	TOTAL			\$	408,169	\$	204,085	\$	9,955	41	16	2.6	37%	39	95%
2022	Cote d'Ivoire	Yale	08/2022 12/2022	\$	177,109			31	10	3.1		31	100%		
	Uganda	Empower	06/2022 11/2022	\$	154,929			25	6	4.2	20%	21	84%		
	TOTAL			\$	332,038	\$	166,019	\$	5,929	56	16	3.5	20%	52	93%
2023	Ethiopia 1	Rostec	02/2023 08/2023	\$	240,000			18	5	3.6	11%	18	100%		
	Ethiopia 2	Rostec	05/2023 09/2023					21	2	10.5		21	100%		
	Ethiopia 3	Rostec	06/2023 10/2023					18	4	4.5		17	94%		
	Rwanda	Empower	06/2023 12/2023	\$	157,000			25	8	3.1	24%	25	100%		
	SEA Regional	Empower	09/2023 03/2024	\$	192,357			29	8	3.6	31%	20	69%		
	DRC	Village Reach	09/2023 03/2024	\$	252,912			22	10	2.2	9%	22	100%		
	DRC	Empower	10/2023 03/2024	\$	280,000			24	6	4.0	21%	19	79%		
	Cameroon	Yale	10/2023 03/2024	\$	170,284			30	10	3.0	53%	29	97%		
	TOTAL			\$	1,292,553	\$	161,569	\$	6,912	187	53	3.5	24%	171	91%
2024	Cambodia	GaneshAid	01/2024 06/2024	\$	158,265			24	6	4.0	42%	23	96%		
	India	Empower	07/2024 12/2024	\$	170,000			23	7	3.3	17%	21	91%		
	Niger	Logivac	05/2024 12/2024	\$	274,448			19	4	4.8	21%	19	100%		
	Djibouti	GaneshAid	09/2024 01/2025	\$	127,317			27	7	3.9	26%	23	85%		
	Togo	Empower	06/2024 11/2024	\$	193,029			14	4	3.5	21%	13	93%		
	TOTAL			\$	923,059	\$	184,612	\$	8,627	107	28	3.8	26%	99	93%
2025	Pakistan	GaneshAid	05/2025 12/2025	\$	119,161			22	6	3.7	9%	19	86%		
	Nigeria	Empower	11/2024 05/2025	\$	179,000			29	8	3.6	100%	28	97%		
	Kenya	Empower	04/2025 09/2025	\$	160,000			24	6	4.0	38%	24	100%		
	Nigeria	Empower		\$	135,700			22	12	1.8	36%	22	100%		
	VietNam	GaneshAid	05/2025 01/2026	\$	136,718			27	7	3.9	37%	25	93%		
	TOTAL			\$	730,579	\$	146,116	\$	5,892	124	39	3.2	72%	118	95%
PROGRAMME															
TOTAL		6		\$	3,686,398	\$	737,280	\$	7,463	515	152	3.4	31%	479	93%
(2021-2025)															

APPENDIX 2

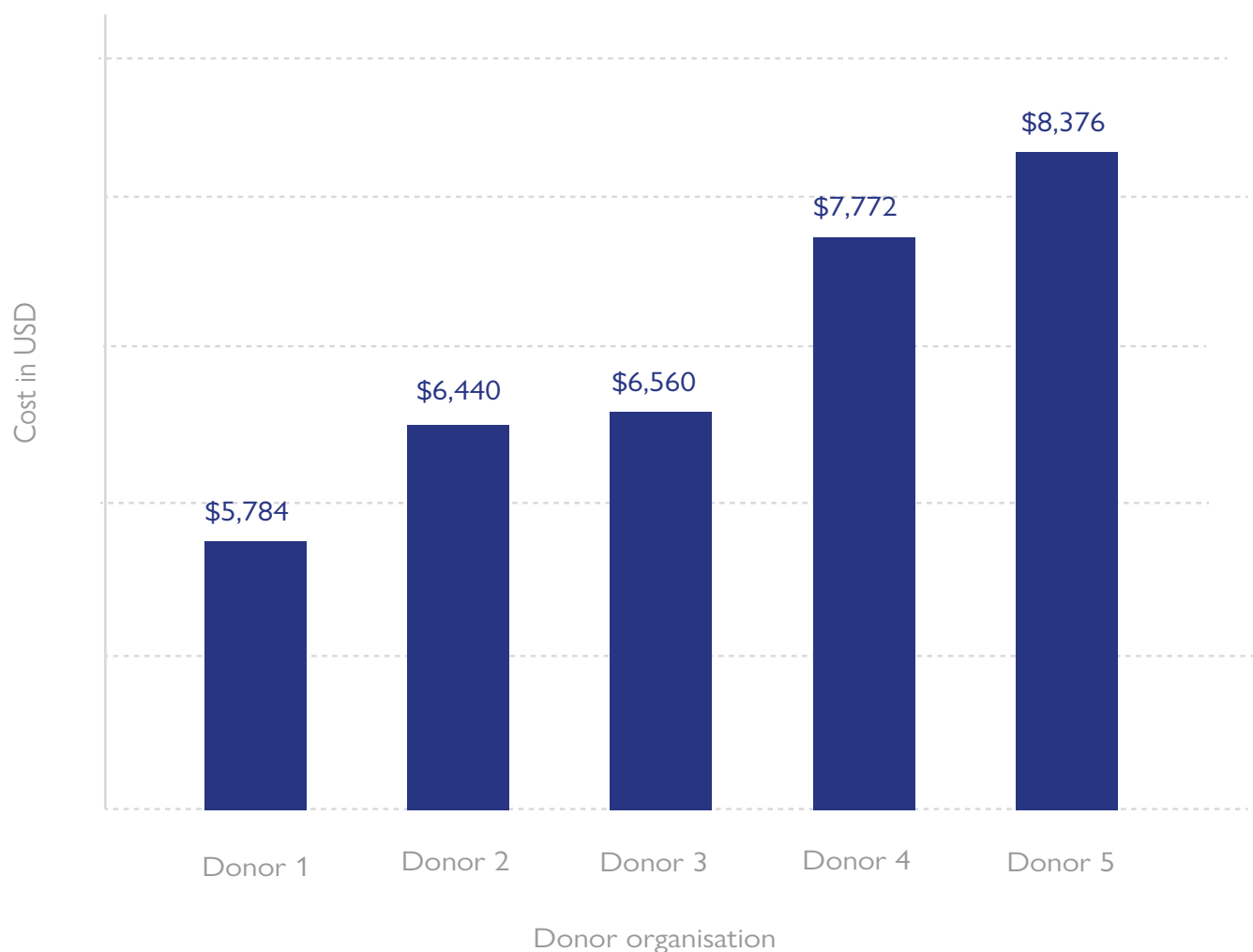
Average cost of STEP 2.0 participants per year and average number of participants per programme



This graph shows that in most cases, the larger the cohort the lower the cost of the programme.

APPENDIX 3

Average cost of STEP 2.0 participant by donor organisation



There is a direct correlation between the number of programmes an IP has delivered and the average cost associated with the IP. This is largely due to economies of scale as each successive programme builds on the lessons of the previous. Upfront costs, for instance, are incurred when integrating programme materials into a learning management system.

Both IP selection and cohort size influence the cost per programme participant: the higher-cost donors were affected by both factors.

APPENDIX 4

STEP 2.0 competency criteria

Lead	Shape	Plan	Act	Evaluate
Collaborative strategic planning	Professional development environment	Strategic prioritisation	Influence	Evaluating in balance
Emerging trends and practices	People focus	Effective time management	Building consensus	Data centred decisions
Adaptive leadership style	Communicating with influence	Challenge identification and resolution	Communicate vision	Continuous improvement
Difficult situation resolution	Effective feedback	Goal focused objective driven orientation	Implement change organisationally	Contingencies and alternatives
Transformation mind-set	Environments of trust and collaboration	Change management	Anticipate and resolve conflict	Constructive dissatisfaction

