

‘Workforce excellence is essential for sustainable health supply chains’

PEOPLE
that
DELIVER

Building blocks for enhanced personnel performance

Activities, best practices, and lessons learned from Ethiopia

Daniel Tadesse

Financial sponsors:



SCMS in Ethiopia



- In 2006, Supply Chain Management System (SCMS) began operations in Ethiopia
 - Administered by USAID
 - Funded by the President's Emergency Plan for AIDS Relief (PEPFAR)
 - Largest commitment by a single nation for a specific disease

- Mission

We strengthen or establish secure, reliable, cost effective and sustainable supply chains to meet the care and treatment needs of people living with or affected by HIV/AIDS.

Primary partners in country

PEOPLE
that
DELIVER

- Pharmaceuticals Fund and Supply Agency (PFSA)
 - Established in 2006
 - Sole distributor of all public health-related materials
- Regional Health Bureaus (RHBs)
 - Zonal administrations and district administrations

Then: Ethiopia in 2006



- Adult prevalence rate (HAPCO)
 - 2003: 5.0%, 2004: 3.6%, 2005: 4.0%, 2006: 3.2%
- Over one million people living with HIV/AIDS
- <25,000 on ART, >250,000 in need of ART
- 50 treatment sites
- No standardized LMIS
- Limited capacity at PFSA: 6 PFSA warehouses, few old distribution trucks
- Shortage of essential drugs
- Limited SC knowledge and skill

Organizational process

PEOPLE
that
DELIVER

Four-stage field office support strategy:

- **Build:** Infrastructure, system, procedure, HRC
- **Operate:** Through seconded staff
- **Transfer:** Transfer skill to government staff
- **Optimize:** For better efficiency

Supply chain related personnel challenges



- Lack of proper recognition of HR for SCM functions at all levels of the public health system
- Absence of standard SCM expertise requirement
- Inadequate SCM course in undergraduate/pre-service studies/trainings
- Weak retention mechanism for HR working in public sector SCM resulting in high turnover
- Lack of standardized in-service training curriculum and skill certification scheme
- Inadequate coverage of SCM workforce in the draft HRH of MOH

Building Blocks for enhancing SC personnel performance

PEOPLE
that
DELIVER

- **Engaged stakeholders:** Technical leadership and advocacy in the field of SCM & HRM
- **Optimize policies and plans:** Support HRCD and management, including financing and HRIS
- **Workforce development:** Build a robust workforce
- **Increase performance:** Enhance workforce performance
- **Professionalization of SCM:** Establish SC roles or a set of professional responsibilities & competencies

1: Engaging stakeholders

- Worked **with** PFSA and RHBs
 - Not “for”
- Identified personnel challenges collectively
 - In Technical Working Groups
- Addressed challenges together
 - Solutions identified included seconding staff and supportive supervision activities

Example: Seconded staff - Training, planning, task transition, optimization, knowledge and skills transfer for sustainability

2: Optimizing policies and plans

PEOPLE
that
DELIVER

- Created job descriptions
 - Participatory approach
 - Increased buy-in and ownership
 - Clarity of expectations
 - Appropriately delegated responsibility

Example: Dire Dawa RHB pharmacy personnel participated in creation of job descriptions

3: Developing the workforce

PEOPLE
that
DELIVER

- Supportive supervision
- Training (6000+ trained staff)
 - Warehouse Operations Management (WOM)
 - Defensive driving and forklift operations
 - Monitoring and evaluations
 - Integrated pharmaceuticals logistics system
 - Supply chain management

Example: WOM Training in South Africa to ensure skills, knowledge and SOPs of newly built warehouses met international standards

4: Increasing Performance

PEOPLE
that
DELIVER

- Plan of action development at warehouse level
- Introduction of KPIs to measure performance

Example:

SCM M&E curriculum development, roll out of training, and preparation of M&E plan at the different level of the supply chain.

5: Professionalizing SCM

PEOPLE
that
DELIVER

- Institutionalization of SCM in higher education
- Training of instructors
- Creation of curricula
- Matching real world needs to in-class education
- Approval and incorporation in national system

Example: Institutionalization of **Supply Chain Management and Integrated Pharmaceuticals Logistics System curricula** at institute of higher education; a process in line with the new MOH IST directive

Lessons learned: Participation

PEOPLE
that
DELIVER

- Co-creation of expectations
 - Job descriptions
 - Clarity of expectations
 - Delegation of responsibility
- Co-creation of planning
 - Technical Working Groups
 - Systematic advocacy for change

Lessons learned: Communication

PEOPLE
that
DELIVER

- At all levels
 - **Federal:** Share global experience and available tools in HR for SCM, take part in the national TWG for HRCD
 - **Regional, zonal, and district:** Organize forum for discussion, participatory planning, implementation, and monitoring
- All SC HRCD related activities should address all five building blocks
- Clarity in short-term interventions and long-term strategies
- Supports participation, ownership, coordinated planning, and common vision

Lessons learned: Institutionalization

PEOPLE
that
DELIVER

Thinking beyond primary partners

- Assessment of existing curricula to determine which course to institutionalize
- Create curricula to match needs, as required
- Train instructors on approved curricula
- Institutionalize SC-related training courses in higher education institutions

Results of institutionalization

- Sustained shift in long-term skill availability by linking theory with practice
- Significant reduction in training cost

Now: Ethiopia in 2014

PEOPLE
that
DELIVER

- PFSA operating from 11 modern warehouses with a plan to grow to 17, >150 modern delivery trucks,
- >30,000 pallet spaces created, MHEs introduced
- LMIS in place: data from more than 2000 facilities with >97% reporting rate
- Direct delivery to >1,100 ART sites
- >90% essential drugs availability
- PFSA distribution capacity increased by 520% (>\$600M)
- Adult prevalence rate of 1.5%
- Estimated 800,000 people living with HIV/AIDS
- Over 350,000 on ART, nearing complete coverage
- More than 1,050 treatment sites
- No instance of ART treatment interruption

The PtD Board:

PEOPLE
that
DELIVER



The Chartered Institute of Logistics and Transport (UK)



MINISTRE DE LA SANTE



Reproductive Health Supplies Coalition

