The 2nd People that Deliver Global Conference

Conference Summary

October 29-30, 2014

Copenhagen, Denmark

Conference summary from the 2nd People that Deliver Global Conference on HR in Supply Chain Management.

Under the theme of **'People Must Deliver: Workforce excellence is essential for sustainable health supply chains'** the conference showcased a variety of international and country based activities through workshops, presentations and posters for an audience of 160 participants from 20 countries.

These notes were assembled with the help of seven different rapporteurs and reflect each rapporteur's personal writing style. The PtD Secretariat is grateful for their help as this document would not have been possible without their support.

For more details of this conference including links to the session slides and links to videos of the sessions go to www.peoplethatdeliver.org

Day	Time		Room	Rapporteur
29th Oct. 2014	09:00-10.30	Plenary 1	Aud III	Greatjoy Mazibuko gmazibuko@msh.org
	11:00-13:00	Track 1	Aud III	Amrita Sankaranarayanan wfz310@alumni.ku.dk
	11:00-13:00	Track 2	Aud II	Abre Van Buuren avanbuuren@ihs.za.com
	14:30-15:30	Plenary 2	Aud III	Erin Hasselberg erin_hasselberg@jsi.com
	16:00-17:30	Plenary 3	Aud III	Chris Wright chris_wright@jsi.com
30th Oct. 2014	8:45-10:30	Plenary 4	Aud III	Pamela Steele pam@pamsteele.co.uk
	11:00-13:00	Track 3	Aud III	Erin Larsen-Cooper erin.larsen-cooper@villagereach.org
	14:30-16:00	Track 5	Aud III	Taylor Wilkinson TWILKERSON@lmi.org
	16:30 - 17:30	Plenary 5	Aud III	Rebecca Bailey rbailey@intrahealth.org

Contents

Conference program

Time	Room	Sub Theme	Session Content	
Wednesday 29th October 2014 - 2nd PtD Global Conference on HR in SCM				
8:00-9:00	Foyer		**Registration**	
9:00 - 10:30	Plenary 1 90mins Aud III	Introduction and positioning of HR for SCM	**Session Chair; Andrew Brown, PtD, Denmark.**	
			1. Welcome; Shanelle Hall, Director, UNICEF SD, Denmark. Benoît Silve, PtD Chairperson, France.	15mins
			2. The global context of HRH 4 UHC - a new discourse and new opportunities; Giorgio Cometto, Global Health Workforce Alliance - WHO	20mins
			3. The goals and progress of PtD; Andrew Brown, PtD EM, Denmark.	15mins
			4. Spotlight presentation 'Imagine…'	5mins
			5. Professionalizing Health Logistics in Burkina Faso: Challenges, Implementation and Sustainability; (FRENCH) Jessica Nardone, Bioforce, France.	15mins
			6. Improving Access to Health Commodities by Strengthening the Supply Chain Management Workforce: The Case of Namibia (O6); Tonata Ngulu, Ministry of Health, Namibia. Benjamin Ongeri, Management Sciences for Health, Namibia. Rebecca Bailey, Capacity Plus, USA	15mins
10:30 - 11:00	Lounge Area 1		**Morning tea**	
11.00 - 13.00	Track 1 120mins Aud III	Assessment and planning	**Session Chair. Iain Barton, IHS, South Africa.**	
11:00-13:00			1. Systematic assessment and planning of HR for SCM: Erin Hasselberg, JSI, USA	15mins
			2. Building Blocks for Enhancing Personnel Performance: Activities, Best Practices and Lessons Learned from Ethiopia (O2); Daniel Taddesse, Supply Chain Management System (SCMS) Ethiopia	15mins
			3. India (15mins) ABSTRACT (O3); Bhrigu Kapuria, Public Health Foundation of India (PHFI), India.	15mins
			4. Spotlight presentation 'Getting Products to People'	5mins
			5. MoH Drug SCM Strategy Development: A Means to Identify Human Resource training needs in Indonesia (O4);Engko Sosialina, MoH, Indonesia	15mins
			6. Strategic Planning for Reform of Human Resources for the Supply Chain within Mozambique's Health System (O5); Paulo Nhaducue, MoH, Mozambique.	15mins
			7. Moderated panel discussion;	30mins
11:00-13:00	Track 2 120mins Aud II and Aud 1 combined	Leadership, professionalization and change management	**Session Chair. Pamela Steele, PSA, United Kingdom.**	
			1. Key messages from the SCM Leadership workshop; Musonda Kosonde, UNICEF SD, Denmark. Bridget McHenry, USAID, USA	20mins
			2. A framework for professionalization; Rebecca Bailey, Capacity Plus, USA	15mins
			3. Spotlight presentation 'Preventing Stockouts Saving Lives'	5mins
			4. Strengthening HR for SCM in the immunization supply chain in Nigeria through stakeholder engagement (O8); Ibrahim Umar, National Primary Health Care Development Agency, Nigeria.	15mins
			5. Case Studies in Health Supply Chain Workforce Management (O9); Taylor Wilkerson, Logistics Management Institute (LMI), USA	15mins
			6. Strengthening the capacity of and professionalizing human resources for supply chain in Indonesia through the SCM Provincial Network (O14); Hidayati Mas'ud, Ministry of Health, Indonesia. Oce Boymau, WHO, Indonesia	15mins
			7. Moderated panel discussion;	30mins

13:00 - 14:30	Canteen/ Lounge Area 1		**Lunch. Open side meeting 'Introduction to the PSM toolbox, IAPHL and LAPTOP' Auditorium III 13:30 – 14:15**	
14:30-15:30	Plenary 2 60mins Aud III	Private Sector	**Session Chair. Maeve Magner, Consultant, Ireland.**	
			1. Deloitte; Increasing Performance; Wendy Carr, Deloitte, USA.	12mins
			2. Imperial Health Sciences (IHS); Building a talent pool for driving market growth Ian Barton, IHS, USA.	12mins
			3. UPS; Our Leadership Legacy Kevin Etter, UPS, Switzerland	12mins
			4. Moderated panel discussion and Keny Otto, Crown Agents, United Kingdom	24mins
15:30 - 16:00	Lounge Area 1		**Afternoon tea**	
16:00 - 17:30	Plenary 3 90mins Aud III	Workforce development - Approaches	**Session Chair. Musonda Kasonde, UNICEF SD, Denmark**	
			1. Bringing Supply Chain Training Opportunities Closer to Home – An Experience with Regional Training Institutes (O15); Motomoke Eomba, John Snow, Inc. USA	15mins
			2. Assessing the Feasibility of Establishing a Center of Excellence in Health Logistics in the East African Community (O16); Philippe Jaillard, Agence de Médecine Préventive (AMP), France. (FRENCH)	15mins
			3. Using e-learning to advance advocacy and leadership in supply chain management (O17); Carole Piriou, i+solutions, Netherlands. Griet Samyn, i+solutions, Netherlands	15mins
			4. Spotlight presentation 'LOGIVAC Benin'	5mins
			5. Fast Forward. People Development in Africa (O20); Abré van Buuren and Colette Wessels, Imperial Health Sciences and Imperial Logistics, South Africa.	15mins
			6. Moderated panel discussion;	20mins
17:30 - 20:00	Lounge Area 9		**Networking Event -** Sponsored by Imperial Health Sciences	

Thursday 30th October 2014 - 2nd PtD Global Conference on HR in SCM				
Time	**Room**	**Sub Theme**	**Session Content**	
8:00 - 8:45	**Foyer**		**Registration**	
8:45 - 10:30	Plenary 4 105mins Aud III	Evidence supporting HR for SCM	**Session Chair. Bridget McHenry, USAID, USA.**	
			1. Highlights from day 1; Andrew Brown, PtD EM, Denmark	15mins
			2. What evidence do governments need to justify workforce increases? Gamaleldin Mohamed Ali, Central Medical Supplies Public Corporation, Sudan	15mins
			3. A Business Approach to Transforming Public Health Supply Systems (O1); Chris Wright, JSI, Ethiopia.	15mins
			4. WISIN as tool for Workload planning; Rebecca Bailey, IntraHealth, USA.	15mins
			5. The business case for SCM cadres; Eric Mallard, World Bank, USA.	15mins
			6. Moderated panel discussion;	30mins
10:30 - 11:00	Lounge Area 1		**Morning tea**	
11:00 - 13:00	Track 3 120mins Aud III	Workforce development - Country cases	**Session Chair. Sophia Logez, Global Fund, Switzerland.**	
			1. Combined On- and Off-Site Training Contributes to Strengthening the Unified Pharmaceutical System in the Dominican Republic (O24); (SPANISH) Edgar Barillas, SIAPS, USA. Claudia Valdez, SIAPS, Dominican Republic.	12mins
			2. Building the capacity of Sierra Leoneans in supply chain on the NPPU project (O25); Sian Rogers, Crown Agents, United Kingdom.	12mins

4

			3. Introducing an Enhanced Cadre of Pharmacy Assistants to Improve Dispensing, Management, and Availability of Medicines at the Health Centre Level in Malawi (023); Matthew Ziba, VillageReach, Malawi.	12mins
			4. Comparison of Cost Effectiveness of Pre-Service Training and In-Service Training in Ethiopia (O18); Habtamu Berhe, USAID | DELIVER, Ethiopia.	12mins
			5. Moderated panel discussion;	19mins
			6. Improving national pharmaceutical supply management in Liberia through strengthening the training of pharmacists (O21); Lloyd Matowe, Pharmaceutical Systems Africa, Liberia.	12mins
			7. Developing the SCM workforce in Nigeria through contextualised pre-service education and continued professional development (O22); Cheryl Mayo, JSI, USA.	12mins
			8. Building Workforce Capacity to Operate a Web-based Logistics Management Information System (LMIS) in Pakistan (O19); Muhammad Tariq, USAID | DELIVER, Pakistan	12mins
			9. Moderated panel discussion;	19mins
	Track 4 120mins Aud II and Aud 1 combined	HR for SCM Assessment guide and planning tool workshop	Interactive workshop: planning, delivering and analysing HR in SCM assessments; Moto Eomba, JSI, USA. Sonia Brito-Anderson, Intrahealth, Dominican Republic. Edgar Barillas, SIAPS, USA.	120mins
13:00 - 14:30	**Canteen/ Lounge Area 1**		**Lunch. Open side meeting 'Resources & Tools for Your Supply Chain from the UN Commission on Life Saving Commodities' Auditorium III 13:30 – 14:15**	
			Session Chair. Ravi Anupindi, University of Michigan, USA.	
			1. Professionalization in the public sector health supply chain management: IAPHL's present and future contribution (O13); Chris Wright, JSI, Ethiopia.	12mins
			2. Creating the Humanitarian Professional: Moving from Certification to Advocacy and Endorsement (O11); George Fenton, HLA/World Vision, United Kingdom	12mins
14:30 - 16:00	Track 5 90mins Aud III	Professionali zation	3. Incentivizing access to family planning in Senegal via the informed push model (O12); Leah Hasselback, IntraHealth, Senegal.	12mins
			4. Other Duties as Required: Efficient Use of Human Resources in Mozambique (O26); Wendy Prosser, VillageReach, USA.	12mins
			5. The Pacific Medical Supply Workers Buddy Network: A regional professionalization activity (O10); Andrew Brown, PtD, Denmark.	12mins
			6. Moderated panel discussion (plus Dorothea Carvalho, CILT, United Kingdom);	30mins
16:00 - 16:30	**Lounge Area 1**		**Afternoon tea**	
			Session Chair. Kevin Pilz, Consultant, USA.	
			1. Key conference messages and PtD support; Andrew Brown, PtD EM, Denmark	10mins
16:30 - 17:30	Plen 5 60mins Aud III	Closing Session - Country Based Action	2. Interagency working group: The donors perspective (GAVI, Global Fund, UNFPA, USAID, UNICEF, UNComission, BMFG, WHO, World Bank) Lisa Hedman, WHO, Switzerland	15mins
			3. Strengthening immunisation supply chain systems through the GAVI Alliance Immunisation Supply Chain Strategy (O7); Daniel Thornton, GAVI Alliance, Switzerland.	15mins
			4. Closing remarks and call to action; Benoît Silve, PtD Chairperson, France.	20mins

Plenary 1

Sub-theme: Introduction and positioning of Human Resources for Supply Chain Management
Session Chair: Andrew Brown, PtD, Denmark
Session Rapporteur: Greatjoy Mazibuko, MSH SIAPS, Namibia

1. **Welcome:**

    Shanelle Hall, Director, UNICEF SD, Denmark
    Shanelle Hall, Director, UNICEF Supply Division in Denmark welcomed participants from over 30 countries represented at the 2nd PtD workshop. In her welcoming remarks, she posed a question to the audience on whether we have evolved or revolutionized supply chain management (SCM). She gave a historical account where supply chain involved moving goods or commodities to people, and how in the last 10years the sector has evolved, with the universities and tertiary institutions now offering SCM courses from undergraduate to postgraduate level.

    She indicated that opportunities now exist for organizations and countries to benefit from research on SCM from such institutions. The biggest challenge over the last 10years was looking at SCM as components and the focus at interface and not the whole end to end supply chain. There is need for more efficiency and no SCM is the same but products require some specificity. It is important that countries that countries represented in this global conference get together and bring more perspective through information sharing. Shanelle also underscored the importance of adequate funding for supply chain to work. With all this taken into account, it is worth noting that improving efficiencies in SCM requires hard work, and there are no quick fixes to the problems currently faced.

    An example of the effect of emergencies and outbreaks was given on how countries in Wes Africa affected by Ebola saw an increased urgency of SCM. Demand for products previously not a standard increased from 0 to more than 7000 in a week. This also saw the need for new labs and expanded lab capacity for responses to be given within 24 hours for a person tested with Ebola. In this context there are immense challenges and difficulties in delivering samples to labs due to poor roads and infrastructure in some of the countries

    With these challenges it is imperative to carry the message to our countries on how labs can be involved in SCM to saves lives.

    Benoit Silve, PtD Chairperson, France
    Benoit Silve, Chaiperson of the PtD, also welcomed participants and gave thanks to UNICEF for hosting the Initiative. His remarks focused on the need to recall, "Who we were" and "who we are" as PtD.

    PtD started as a work stream of the Reproductive Health Supplies Coalition (RHSC) and this coalition conducted an assessment of health supply chain workforce and disseminated an advocacy document highlighting the gaps in competencies and weak performance of country supply chain. This led to the development of Competency Frameworks and service curriculum in SCM. The advocacy document indicated the vision and strategic goals to optimize supply chain systems. In 2011 after broad consultations with participating countries and WHO, the RHSC work stream evolved to become PtD, the first transversal group in SCM. During the first PtD conference in June 2011 benchmarking the professionalization of SCM commenced in earnest. In Oct 2011 a board was elected and the permanent secretariat initiated within Bioforce. In 2013 the Executive Manager was recruited and the secretariat moved to Copenhagen, hosted by UNICEF Supply Division.

    Benoit pointed out that the ambition for the 2nd PtD Global Conference is to discuss assessment and planning, leadership, professionalization and change management, workforce development approaches and also to share

experiences. He challenged the group to agree on a joint statement to work towards common objectives by the end of the conference.

Summing up, he advised countries –
- Never forget the systematic approach and not to focus only on the leader
- To consider medium to long term planning
- Identify potential and limitations to unifying reporting while recognizing that no one model fits all
- To consider pre-service training as part of the program – two assets, wisdom and relevance
- Not to focus on top level mangers at the expense of the wider SCM workforce and competencies of all SCM staff
- Create a favorable environment for the SCM workforce

2. **The global context of HRH 4 UHC - a new discourse and new opportunities;**
   Presented by: Giorgio Cometto, Global Health Workforce Alliance - WHO

There has been increased attention in health workforce issues in particular in universal health coverage (UHC) and global health security. In 2013, the Global Health Workforce Alliance undertook an analysis of human resources coverage and found that the majority of countries face work force challenges including high income countries. These challenges are geographic as well as cost related. The shortage of health workforce is anticipated to increase to 12.9 million from 7.2 million.

Health workforce coverage does not entail availability of staff, but whether a given population is able to access service and care which is acceptable and of quality (effective coverage). Effective coverage also requires competencies.

There are challenges affecting health workforce specific to supply chain and these include:
- Bad data – poor quality data
- Supply chain health workforce not involved in planning
- Accountability of Central Medical Stores managers is not to guarantee access
- Lack of alignment of objective of these institutions with broader public health objectives
- Weak governance environment and to attract talent

To ensure UHC there needs to be policy intervention at every stage to address education, outflows and inflow, maldistribution and inefficiencies as well as the private sector. Examples include, ensuring that education competencies included are adapted and modalities of training are clear, rural planning and improving public sector to counter competition from private sector.

There are opportunities for this to work – political commitment and will is evident from the strong demand from politicians at the UHC – 3rd global forum call to address universal health coverage.

It is time to rethink and improve, and in conclusion it was stressed that, as we respond to today's need we also need to plan for tomorrow's needs.

3. **The Goal and progress of PtD:**
   Presented by Andrew Brown, PtD Executive Manager, Denmark

   Andrew started with a highlight of the progress as part of partnership and coalition of organizations from around the world that strives to improve the health supply chain workforce in developing countries. The desired paradigm for supply chain is to have elevated status for supply chain and health workforce. In this regard, there has been significant investment in training. Currently there are seven focus countries, selected at first conference in June 2011.

   Progress within the four strategic goals of the PtD:
   - Global recognition
     - ✓ Direct contribution to global supply chain initiatives
     - ✓ Advocacy presentations
   - Country government action – initiative has done well in 7 focus countries
     - ✓ HR for SCM assessments completed in at least 12 countries
     - ✓ Burkina Faso has systematic approached this issue – regulatory framework report to delineate SCM cadre
     - ✓ Indonesia have a national PtD working group–
   - Adequate personnel from relevant cadres
     - ✓ Benin - LOGIVAC center at the L'Institut Régional de Santé Publique (IRSP)
     - ✓ Burkina Faso - University of Burkina Faso, Bioforce
     - ✓ Ethiopia has the largest density of supply chain partners and donors. Jimma Univesity started a Master degrees
     - ✓ Namibia - University of Namibia incorporated SCM components in the B.Pharm curriculum, USAID
     - ✓ Pacific Island Countries - University of Canberra, UNFPA
     - ✓ South Africa - African Supply Chain Academy, IHS & Divinci UNI.
     - ✓ LAPTOP (Learning & Professional Training Opportunities) - RHSC

     There is need to look at the landscape of the SC education, how it can be developed to meet needs of counties
   - A repository of evidence-based resources
     - ✓ Advocacy tools and resources
     - ✓ Assessment and planning – PtD tools used in at least 12 countries
     - ✓ Competency mapping – developed a PtD competency compendium with technical advice from Namibia
     - ✓ Funding – developed a country guide for countries to be able approach and obtain funding from donors.

   Andrew concluded by highlighting that workforce excellence is essential

Questions and Answers Session

Qn1. The SCM in private is the same as in the public sector. Why not do more to pull people more from private sector – use them instead of using Doctors and Pharmacists who are not trained in SCM?
Ans1a. Private and public sectors are different, there is a need to diversity and also learn from the private companies such as Coca-Cola. The other consideration is that in the private and public sector who pays and who bears the risk differs.
Ans1b. As an initiative, we are not advocating a specific model. Each country considers local context- and needs to know how to outsource to the private sector. The private sector is member of PtD

Qn2. What is WHO doing to advocate SCM in Africa at country level – high level influence is critical?
Ans2a. WHO recognizes this critical area and has prioritized SCM. Countries need to have discussions with WHO and present specific issues at country level to identify areas where Technical Assistance can be offered.

Qn3. How will the model or solution for HRH work since it has been tested elsewhere to inform implementation in other countries?
Ans3. Advocating for a systematic country specific approach

Qn4. What are the options and role of PtD in the advent of Ebola?
Ans4a. In Ebola supply chain, resilience has been important. SCM needs to agile and adaptive. Resilience comes with a lot of training- prepares people to be engaged not to make mistakes. There is need to train even more so that when an emergency rises there is a pool of human resources for SCM.

4. **Spotlight presentation - Video**

5. **Professionalizing Health Logistics in Burkina Faso: Challenges, Implementation and Sustainability**
   Presented by Jessica Nardone, Bioforce Institute, Burkina Faso

The Presentation was drawn from on an article by Dr. Arsène Ouedraogo and Benoît Silve based on the National strategy developed by the Ministry of Health in Burkina Faso. Performance of SC has negative impact in the health system in the country and is the weakest link.

The strategy highlights logistics functions in three areas, namely technical equipment, medical equipment and the health products supply chain and has limited context due to limited resources. Even though Medical and Pharmacy staff are involved in SCM, they tend to focus on what they are trained to do instead of logistics.

The supply chain system in Burkina Faso is complicated by vertical programs mostly from international organisations. With reform these will be pushed to national programs. Burkina Faso started with the discussions to develop a national strategy following its participation at the 2011 PtD conference. Bioforce Institute, funded by the French contribution to the Global Fund contributed €700,000 to improve health products supply management and equipment availability through the professionalization of human resources for health.

As part of implementation of the National Strategic plan, existing needs have been identified. A new logistician status has been created and the legal framework to provide for and accommodate this cadre is under review. 25 health logisticians will collect data at district level and transfer to regions and national level for processing and comparison will be made to determine impact of the cadre.

A Masters program in Health Logistics is offered by the National School of Public Health in Ouagadougou. The aim of the Masters program is to offer pre-service sub regional training and to be an autonomous school. However, in-service training is also important within the professional career.

Key performance indicators have been developed to measure the implementation of this strategic plan. Technical and financial partner combination, a network of partners is needed for success. There is also a need to have more advocacy and documentation.

6. **Improving Access to Health Commodities by Strengthening the Supply Chain Management Workforce: The Case of Namibia**
Presented by Tonata Ngulu, Ministry of Health and Social Services, Namibia, Benjamin Ongeri, MSH/SCMS, Namibia & Rebecca Bailey, Capacity Plus, Namibia

In Namibia, products flow from the Central Medical Stores (CMS) to Regional depots. However, majority of supplies flow from the CMS directly to major hospitals. The CMS serves the public sector. Supply Chain health workers include pharmacists at the top level and clerks at the lower level. There are challenges faced – 300% increase in procurement with no change in staffing levels. Currently only 11% of registered pharmacist in Namibia are in the public sector.

Government response under way, there is restructuring of the MoHSS organogram, creation of additional supply chain related posts, strengthening pre-service education and integrating SCM into pharmacy, pharmacist's assistant, and nursing programs; UNAM established pharmacy degree. CapacityPlus and Supply Chain Management Systems are supporting the MoHSS in planning, deployment, training, and retention of the SCM workforce as well as documenting and share broadly the process and lessons learned

Competency Mapping to answer requirement for a professional and development of competency framework was undertaken and has been used to inform pre-service education programs.

Discrete Choice Experiment (DCE) is expected to be undertaken after approval by the research board. This study will determine how SC workforce in Namibia will be incentivized, recruited and retained.

Standard Operating Procedures (SOPs) had not been updated for more than 6 years and under the SC Performance Improvement Program (SPIP), efforts will be made to review and update the SOPs.

Implementation of some of the activities has been affected by procurement changes at the CMS and emerging priorities. Approval to implement activities has also been delayed by the IRB, the research and ethics body.

Question & Answers

Qn1. How long does the Master program in Burkina Faso last and is the training academic, vocational or professional?

Ans1. The Masters program lasts for 2 years – and it is vocational as well academic as it involves both theory and practice, internship and on field instructions.

Qn2. Is there a cadre except clinicians or pharmacists that can be involved in supply chain – do we have a cadre in the market that can be employed in the systems?

Ans2. The cadre that can be employed in this system is available, in the CMS in Namibia there are clerks, although their job description is that of an administrative officer, their day to day functions involve SCM.

Qn3. What is the extent to which incentivizing recruitment of staff has been incorporated in the health budget and funds allocated?

Ans3. This should be tied to Government incentive and grading structure- to attract people. It may need to be peached at high level. There is restructuring currently ongoing in Namibia to attract people in supply chain

Track 1

Assessment and planning Presentation

Presentation 1 : Systematic assessment and planning of HR for SCM by Erin Hasselberg, JSI, USA

The session was opened by a brief presentation by Erin Hasselberg, JSI, USA who gave an insight into the USAID Assessment and Planning of Human resources in health. She opened the session by asking basic thought provoking questions such as what comprises the supply chain in your country? What are the components and what needs to be strengthened? This was followed by a description of the five main building blocks of; building powerful constituencies, optimizing policies and plans, workforce development, performance management and professionalizing SCM. This was followed by a mapping of capacity building of the five parameters in the focus countries of Burkina Faso, Dominican Republic, Ethiopia, Indonesia, Liberia and Namibia.

Presentation 2: Building blocks for enhancing personnel performance: Activities, Best practices and Lessons learnt from Ethiopia by Daniel Taddesse, SCMS, Ethiopia

- Daniel gave a then and now analysis of the situation of prevalence rate and number of people affected and being treated for HIV/ AIDS in Ethiopia of the year 2006 and 2014.
- This was a clear example of the positive implementation plan of PtD in the focus country of Ethiopia.
- The key performance indicators were satisfying with more than 1500 treatment sites and no signs of treatment interruption.
- The four field office support strategy of- build, operate, transfer and optimize were build upon the five building blocks of the USAID deliver HR for SCM policy framework.
- The three main lessons learnt were highlighted to be participation, communication and institutionalization resulting in successful outcomes.

Presentation 3: Designing and Implementing an Intelligent Vaccine Logistics Management System for India's Universal Coverage Immunization Program - the eVIN model in India by Dr. Bhrigu Kapuria

- Dr. Bhrigu have a successful complete immunization story of 2 districts in India. This involved setting up an electronic vaccine intelligence network and setting up of Vaccine and cold chain manager at the district level.
- The expected outcomes were improved stock availability, real time data visibility, up to date tools and reports with a view to strengthened health system in order to build a replicable model.
- This model established clear roles and responsibilities focusing solely on technology solutions in a diverse yet challenging setting like India.
- This was followed by a heart touching video of **"Getting Products to People"** which clearly gave the scene of SCM worker shortage in a community and its implications

Presentation 4 : MoH Drug SCM Strategy Development: A means to identify HR training models in Indonesia by Dr. Engko Sosialine

- Indonesia has launched Universal Coverage Program in 2014 and has made a three year National Drug Management Strategy.
- This was done with a view to providing a full guidance for HR in SCM.
- Dr. Engko introduced an HR model consisting of components of planning, information systems, quality, storage, procurement and consumption.
- This requires high level commitment along with sufficient and well budgeted HR.

Presentation 5 : Strategic planning for reform of HR for SCM within Mozambique's health system
by Dr. Paulo Nhaducue, MoH

- Considering the country profile of Mozambique the key supply chain challenges is insufficient funding, fragmentation of authority, inadequate transportation and most importantly insufficient HR.
- Strategic planning for reforms include vertical integration, health sector strategic plan, outsourcing non core business and a sustainable approach towards HR in SCM.
- After implementation of the PtD framework the key next steps include identifying financial and technical support for activities, building capacity of the central medical stores to manage HR and to provide evidence based decision making.

Moderated Discussion

- Iain raised the question of migration of health workers from rural settings to better, well paid environments? Is it just a matter of money or is there more to it?

This was replied by Paulo Nhaducue that its more to it than money, if the health worker is being provided with the right equipment, environment, incentives, coaching and mentoring and overall moral values to stay and help the community is all what it takes for health worker retention.

- Ministry of Health of Tanzania representative raised the question whether HR in SCM was about training professionals in order to create a separate cadre or was it more of training the existing workforce? Can there be a career path for the health work workforce or would it be stagnant? What's the starting point?

Erin: Strengthening HR in SCM is about integrating all classes, involving both higher level (eg developing masters courses in health logistics) and also the lower levels (basic training). USAID framework gives organization of the SC and helps to understand how someone could move up the pre-existing system.

Iain: involves training for the potential we have rather than the one demanded by the job, Hard to define one career path, but many options can be provided within organizations.

- The next question was asked by a representative of IntraHealth to Bhrigu Kapuria on what are the defined duties of the VCCM and are they only district level officers? How much of the work is function of the population we serve? Is it still relevant at a district level?

This was replied to as that the VCCM should be the decision maker in the SC, and hence other officers reporting to him may only add up to the administrative burden and hence must be confined only to the upper district level.

- Another question directed to Bhrigu Kapuria was what were the indicators of potency of the vaccines supplied? Are there tracking measures?

Answer : Mobile apps are in place to give real time data of the vaccine temperature during transport and deliver of vaccines. Further capacity needs to be expanded with regard to preventing vaccines from freezing.

- How do the pharmacists become a part SCM workforce? What's the first step? How to turn the advocacy into an action plan?

Ans : The laws of the countries must be taken into consideration since every country experiences different laws for medicine use and distribution. No one size fits all approach can be applied.
By doing a competency mapping exercise countries can get an overview of their existing workforce including pharmacists, lab technicians and other health care providers.
This was supported by team Tanzania which had done an HR assessment to solve the battle between existing workforce and the creation of a separate cadre. The assessment involved three steps.
How to enhance existing workforce was the first step. The second step was creating a long term position with supportive supervision and the last was creating a cadre which would be a speciality for SC.

- In order to strengthen HR in SCM what must be the target? Attack big problem areas or leverage the strength already there?

Erin addressed to this by mentioning that the USAID building blocks do not exist in isolation, all needs to go hand in hand... reinforcing one another is critical for HR strengthening and hence both approaches need to be taken simultaneously.

Track 2
Leadership, professionalization and change management

1. **Key messages from the SCM Leadership workshop; Musonda Kosonde, UNICEF SD, Denmark. Bridget McHenry, USAID, USA**
- Evolution of supply chain needs high level champions
- Collaboration between high level leaders (peer to peer learning needs attention)
- How do we help leaders articulate the vision for supply chains (south to south exchange)
- Define competencies of a supply chain leader and developed action plans
- Examples of in country supply chain transformations due to leadership
    o Ethiopia
    o Liberia
    o Namibia
    o Nigeria
- Initiative that moved partners closer together (UNICEF, USAID and GAVI)
- Supply chain Leadership change management model (review, Innovate and do)

2. **A framework for professionalization; Rebecca Bailey, Capacity Plus, USA**
- Under recognized cadres needs more focus (nurses doing supply chain functions)
- Phase 1 is Education (recruit students into the environment)
- Phase 2 is Initial Employment
- Phase 3 is Support of the qualified individuals
- Huge challenge were identified in 5 of the PtD focus countries in professionalizing the supply chain cadre

3. **Spotlight presentation 'Preventing Stock outs Saving Lives'**

4. **Strengthening HR for SCM in the immunization supply chain in Nigeria through stakeholder engagement (O8); Ibrahim Umar, National Primary Health Care Development Agency, Nigeria**
- Nigeria is a very dynamic and complex country
- Specific focus on Human resource reform and a focus on strengthening the HR for SCM
- Mapping was done of all stake holders in the supply chain environment (Various Logistic Working Groups)
- Key strategies for strengthening Human Resources in Supply Chain Management was identified
- New department (logistics management unit) was developed and will engage with various entities to ensure that they are functioning well.
- Various staff capacity activities took place at all staff levels in the supply chain environment.
- 100% bundling of vaccines at all levels is the goal and should be easily achieved

5. **Case Studies in Health Supply Chain Workforce Management (O9); Taylor Wilkerson, Logistics Management Institute (LMI), USA**
- Two organizations agreed to participate in the case studies (Imperial Health Sciences and Sudan Central Medical Store)
- Purpose is to share knowledge and lessons learnt
- Public vs Private provided a good example of differences and similarities
- Stakeholders was identified as a broad population, Policies and Plans are important and reservation of funds for development. Measurement of performance and professionalization is very important.
- Going forward, more cases needs to be identified and best practices needs to be shared

6. **Strengthening the capacity of and professionalizing human resources for supply chain in Indonesia through the SCM Provincial Network (O14); Hidayati Mas'ud, Ministry of Health, Indonesia. Oce Boymau, WHO, Indonesia**
- Supply Chain Management is challenging in Indonesia because of many different islands
- CAP self-developed intervention involved various warehousing initiatives and was rolled out as a pilot to various pilot sites
- Lessons was learned (Human Recourses in Supply Chain Management needs more focus)

Questions:
Are we reinventing the wheel with professionalizing? Are we involving academia and are we taking country needs on a national level into consideration?

Lots of professional programs exist but not enough people are going through the programs. Incentive programs are needed in Public Health to ensure competition with Private Sector.

Plenary 2
Private Sector

Session Chair. Maeve Magner, Consultant, Ireland.
Rapporteur: Erin Hasselberg (ehasselberg@jsi.com)

1. **"Building a culture of sustainable performance improvement"- Performance;** Wendy Carr, Deloitte,

- CYPRESS (Capacity, Performance, Results, Sustainability)
- Implementing partners must build local capacity AND produce performance improvement results
- CYPRESS® enables our counterpart orgs to make the shift from building capacity to building sustainable performance (Own, Imagine, Construct, Lead, Own)
- Capacity built must translate to improved performance. Results achieved must be sustainable.
    - Equip leaders with change management and strategic communications skills; must transition into a performance culture
    - How do you put the counterparts in the driver's seat leading their development so that they own and sustain changes?
        - Maturity Model Benchmarking tool- 11 domains all related to organizational performance
            - Going from basic to leading edge
            - Can be implemented at multiple levels
            - Put counterparts in the driver's seat
    - How do we consistently apply the approach across projects to maintain a consistent level of quality?
    - How do we create a culture of performance?
        - Performance sprints (90 day mission driven problem solving); Successive springs build a culture of performance
    - How do we generate internal adoption?
        - Afghanistan now implementing this CYPRESS model annually as part of monitoring and evaluation program
    - CYPRESS was applied in Kenya to KEMSA
    - **Change dialogue from Capacity Development to Performance Improvement**

2. **Building a talent pool for driving market growth,** Iain Barton, Imperial Health Science
    - What are we going to do about talent management in SCM?
        - Get them, grow them, excite them
        - Get them
            - Carry some excess talent baggage
            - Provide incentives (conferences, education scholarships)
            - Internships (test out talent)
            - Catch people doing things right
        - Grow them
            - People Systems Performance Management
                - Understand the capacity of the person, develop their capacity and potential; challenge them
            - KPIs

16

- Only measure what increases revenue, reduces my cost, increases my customer satisfaction; don't measure what you can't manage
  - o Excite them
    - ▪ Not about getting them to stay in one job but about getting people excited about the organization and cause that they work for
    - ▪ Respect, Execution, Appreciation, Pride (REAP)
    - ▪ Create corporate citizenry

  - o Have a plan and don't think that it's going to happen on its own

3. **Our Leadership Legacy**, Kevin Etter, UPS

- What success looks like at UPS
  - o "One measure of your success will be the degree to which you build up others who work with you"- James Casey, Founder UPS
  - o Determined (people) working together <u>can do anything</u>"
  - o Shared success
    - ▪ Shared values
      - Continuum of integrity to innovation
      - Single enduring value: constructive dissatisfaction (how do we do this better- every day?)
    - ▪ Shared mission
      - Inspire people; lead people
      - Be a mentor- have a mentor
    - ▪ Shared vision
      - Invest, create value, transform
    - ▪ Shared ownership
      - Passion/Compensation (ownership in the company- a stake in the performance of the org)/Results
      - Instilling a culture of "How did wE do today?"
      - Leaders are right under our nose- keep them excited, keep them passionate

4. **Moderated panel discussion and Kenny Otto, Crown Agents**
   - Question: Maeve: "We're worrying less about the myths of the private sector and motives- but it's still on the table"
     - o Myth Question #1: Do you need to be a medical professional to run health supply chains?
       - ▪ Kevin: Need knowledge and background of regulatory issues- not necessarily a clinical degree
       - ▪ Iain: Clinical degree NOT a precondition to being able to do the job. Only 3% of Imperial's Health Supply Chain workforce are pharmacists. Do have one regulatory pharmacist as the professional "conscience" and a managing board with fiduciary responsibilities
       - ▪ A lot we can learn from other industries…Pharmacists aren't necessary everywhere

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- Question: "Is there limited applicability of the private sector processes to the public sector?"
  - Kenny: Private sector can play a great role to enable the delivery
  - Wendy: Private sector continually looks to innovate- could the public sector learn from this?
  - Private sector can play a role also through secondments (example of Kevin Etter within GAVI) or partnerships in public sector projects

- Question: Dr. Kapuria
  - Not a question of replacing a public sector worker, but how do you provide the chance to public sector to learn and break down the glass wall between public and private?

- Question: Dr. Kevin Pilz
  - How do you replicate inspirational models in public sector institutions without bogging it down?
    - Kevin Etter: 100 years of this shared model and responsibility – the model is replicable
    - Iain: Need leadership and vision who goes out and lives it every day; not going to create a leader from a pile of SOPs
    - Iain: private sector MUST be part of the solution; public sector needs the private sector capital- private sector is doing this across markets and across geographies; what is sustainability? – a commercially viable service
    - Build what you want to see in people into performance management measurements

- Question: What triggered the divorce between Procurement & Supply Management –v- Supply Chain Management?
  - Procurement Services/ Supply Chain Services- just never lived in the same space- but they ARE all part of an end-to-end supply chain process
  - Objectives of the supply chain are to deliver from upstream to downstream and different partners have different expertise.

- Question: Colette (IHS) How do we develop mid-level to top-level strategic managers/leaders?
  - Existing leadership needs to take a chance on the mid-level managers and provide the support when you put them "out" there and take responsibility and accountability for them.
  - Grooming future leaders through an apprenticeship model

- Question: Glaxo-Smith Kline: "How can we be leveraged? How can we have an open dialogue around what is happening to our product" and not be seen as "pushing" our corporate interests?"

Plenary 3
Workforce development – Approaches

Session Chair. Musonda Kasonde, UNICEF SD, Denmark

1. **Bringing Supply Chain Training Opportunities Closer to Home – An Experience with Regional Training Institutes (O15); Motomoke Eomba, John Snow, Inc. USA**
   - To meet growing demand, reduce costs and improve sustainability of USAID-funded international SCM training, the USAID | DELIVER PROJECT in 2007 began building the capacity of four Regional Training Institutes (RTIs) to offer high quality supply chain courses to an international audience in three languages (English, Spanish, and French).
   - Built capacity in adult learning theory to change pedagogy, and collaborated with MSH's leadership projected to provide materials and mentoring for marketing courses
   - The RTIs, (PRIMA in Peru, ESAMI in Tanzania, BioForce in Burkina Faso, and SBuys in South Africa) leveraged local talent to provide training in commodity security and supply chain management of health commodities closer to the people who needed it most.
   - Used RFP to select the first two; PRISMA and ESAMI. Worked with two others based on reputation of existing viable training centers; SBuys and BioForce.
   - The RTIs have evolved as leaders in training for SCM and logistics; they continue to offer high-quality training solutions in developing countries on their own, or with minimal technical assistance from the project.
   - Financial support for training comes mainly from participants' fees with diminishing support from USAID funds. Facilitated outsourcing of SCM trainings to RTIs has successfully increased global supply chain training opportunities.
   - RTIs have been successful in recovering costs with their pricing structures; building consulting skills, expanding reputation, and forming a culture of entrepreneurship
   - RTI's are delivering high quality, highly rated courses; nearly 800 participants in 2013, up from 40-50 annually prior to 2007.
   - Some challenges included drafting adequate marketing plans to ensure sufficient enrolment and ensuring ongoing quality control of the courses.

2. **Assessing the Feasibility of Establishing a Center of Excellence in Health Logistics in the East African Community (O16); Philippe Jaillard, Agence de Médecine Préventive (AMP), France.**
   - The East African Community (EAC) needed to address challenges of health commodities SCM by addressing weaknesses in human resource capacity, and sought to establish a Center of Excellence (CoE) to professionalize health and immunization and related commodity logistics management in the region.
   - Modelled on the LOGIVAC reference center for health logistics for West Africa, AMP provided technical assistance to EAC to conduct a feasibility assessment. The assessment methodology was adapted from the Human Resources for Supply Chain Management developed by USAID|DELIVER PROJECT and the Competency Compendium for Health Supply Chain Management developed by the People that Deliver initiative.
   - The assessment found that in the EAC, most SCM activities at the central level are performed by pharmacists but non-pharmacists also play a significant role. At the facility level, SCM functions are performed mainly by nurses and midwives. In most countries EPI SCM functions are performed by public health technicians, clinical officers and nurses and midwifes.

- Pharmacists are being trained, but most curricula for the pharmacy training do not adequately address SC functions, and curricula for nurses and midwives have little to no SCM components. In all EAC Partner States, SC managers for EPI are mainly trained on the job.
- Limited number of qualified SCM trainers/instructors
- Recommendations/next steps include establishing a regional CoE of health SCM, strengthen curriculum and recruit qualitied/build capacity of pool of instructors, and improve the enabling environment for the professionalization of SCM; defined competencies, recognition and appropriate incentives to SCM professionals

3. **Using e-learning to advance advocacy and leadership in supply chain management (O17); Carole Piriou, i+solutions, Netherlands. Griet Samyn, i+solutions, Netherlands**
   - i+solutions have provided international training in all aspects of health procurement and supply management but pool of candidates able to attend were limited due to timing and travel constraints, expenses, etc.
   - SCM knowledge and skills are required not only for health workers, but for managers and policy makers, too, who are very constrained in ability to travel for a 1-2 week course.
   - SCM knowledge at decision-making level is essential in creating policies that prioritize SCM within health systems and mobilize adequate resources for SCM staffing and operations. i+solutions, in collaboration with Swiss Tropical Institute of Public Health, developed an e-course on *Introduction to SCM in healthcare*, as part of a *MBA in International Health Management*. Target was people who needed to understand role, functions, processes of SCM within a broader health system.
   - Leveraging broader access to broadband Internet in the developing world, the course was offered on an interactive learning platform.
   - Uses adult learning principles; participants learn as much from each other as from theory through interactive and social media/learning functionality, with continuous feedback.
   - Alumni have continuous access to the course materials and discussion fora through an "umbrella course," and receive e-badges that indicate successful completion of the course.
   - Early indications that awareness of importance of SCM in a health system has increased among alumni, regardless of whether they work within SCM.
   - Amended version of the course is available to the public beyond the small pool of MBA students

4. **Fast Forward. People Development in Africa (O20); Abré van Buuren and Colette Wessels, Imperial Health Sciences and Imperial Logistics, South Africa.**
   - IMPERIAL Logistics' strong focus on growing people due to internal commitment and South Africa context and HR regulations. Strong learning culture throughout the company units
   - Established the IMPERIAL Logistics Academy offering short-course training programmes, promoting logistics and supply chain career development
   - Trainings target HR spanning from (and entry preparation/recruitment to entry level up to management cadres
   - Sponsors research and partners with academic institutions.
   - Academy focuses on people development and empowerment through training, skills development, career progression and workplace development.
   - Theory and practical hands-on training such as warehouse operations, and supports ISO certification process

- Also targets executives, and collaborates with educational institutions and professional associations in certification, degree, and post-graduate programs, reaching out to include finance, project management

5. **Moderated panel discussion**
   - Are all of these initiatives operating in isolation or are there synergies that each can leverage from the other? EAC CoE seeks to leverage the other courses and initiatives. i+solutions is very open to potential uses in other applications, customize for other needs, such as for emergency response (e.g. Ebola outbreak). Humanitarian logistics has focused on disaster response, not much on infectious disease outbreak response, so there is more work to be done.

Many different approaches to training and education for SCM have been presented, but the academic setting is more rigid and regulated, so is there a standard per-service training model? There is no single model or standard; models can be adapted and applied according to needs of the institution and the context of the country. The importance is to get it accepted and accredited. But outcomes could be standardized, such as through a competence framework. Also, standard terminology is important so that the industry has a common language and understanding of concepts. Important also to avoid contradictions between trainings, so some degree of consensus around standards is important.

Plenary 4

Evidence supporting HR for SCM

Notes by: Pamela Steele

The session begun with the highlights from the previous day by Andrew Brown.

This was followed by different presentations chaired by Bridget McHenry, MPH.

1. What evidence do governments need to justify workforce increases?

Presented by: Gamal Khalafalla Mohamed, PhD, MSc, PG Dip., Director General, Central Medical Supplies Public Corporation

Gamal gave an overview of the Central Medical Supplies Corporation which is the national centre for procurement and distribution of medicines in Sudan.

He spoke on the evidence needed to justify increases in the workforce to governments:
- Clear organogram
- Functions analysis
- Tasks to be done
- Clear job description for the required staff
- Budget required
- Cost-benefit analysis
- Expected outcomes
- Recruitment procedures
- Expert opinion

The CMS's medicine supply system HR development programme training budget increased from US$ 90,000 in 2010 to US$ 670,000 in 2014. And the total number of training participants increased each year from 91 to 332 over that period.

The average availability of medicines rose from 43% in 2009 to 93% in 2014. And there were similar increases in the quality of medicines, and accuracy in inventory reconciliation and a decrease in expired medicines

2. A Business Approach to Transforming Public Health Systems
Presented by Chris Wright

Chris' presentation focused on building a supply chain that will meet future needs. He presented a business approach which should:
- Recognize a government's role is one of stewardship in achieving common development goals
- Recognize the multiplicity of players and diversity of
- supply chain options
- Leverage multiplicity and diversity through greater integration
- Understand the broader public health outcomes that supply chains should be designed to support
- Lead the change from ownership to stewardship
- Build capacity to support diverse supply chains
- Position supply chains for the future

3: WISN: A Tool for workforce planning

Presented by Rebecca Bailey, Team Lead, Health Workforce Development, CapacityPlus

Rebecca introduced WISN, an analytical planning tool to:
- Determine how many health workers are required to cope with actual workload in a given facility
- Estimate staffing required to deliver expected services of a facility based on workload
- Calculate workload and time required to accomplish tasks of individual staff categories
- Compare staffing between health facilities and administrative areas
- Understand workload of staff at a given facility
- Establish fair workload distribution among staff
- Assess workload pressure on staff

Three groups are needed to implement a WISN study:
- Steering Committee
- Technical Task Force
- Expert working group(s)

4. A business case to support investment in supply chain cadres?
Presented by Eric Mallard – World Bank

Eric talked on the type of business case which could be used to support investments in supply chain cadres. It would have the following characteristics:
- Complement the advocacy toolkit developed by People That Deliver
- Primary customer: Minister of Finances
- A generic business case:
  - Including an economic evaluation
  - Backed by factual, real data
  - Including different scenario allowing for potential variation
  - Illustrated by a few case studies

Enabling factors for a successful adoption of a business case include:
- communication,
- political economy analysis,
- civil society,
- leadership development
- emulation

Presentations:

1. **Combined On- and Off-site Training Contributes to Strengthening the Unified Pharmaceutical System in the Dominica Republic;** Presented by Edgar Barillas, SIAPS
   a. As of 2010, the Dominican Republic uses a unified pharmaceutical system (SUGEMI). SUGEMI covers the supply chain from procurement to delivery.
   b. Once SUGEMI was setup, it needed to be sustained with trained personnel so a certified course on pharmaceutical management was started:
      i. 12-week on-site/off-site course (one day a week off-site and the rest of the days are on-site or "on-the-job" training implementing what was learned off-site session)
      ii. Benefits include improvements in procurement and availability of medicines
      iii. ½ students from first cohort and almost 100% of students from 2nd cohort are employed by public system and thus currently help implement SUGEMI

2. **Workforce Development, Examples from Zambia, Nigeria and Sierra Leone,** Presented by Sian Rogers, Crown Agents
   a. Crown Agents is an international development company; they provide services in supply chain management, health system strengthening and financial management
   b. Zambia, Medical Stores Limited (MSL)
      i. Crown agents came in with a capacity building and staff strengthening approach including:
         • Strategic plan
         • Development programme for staff
         • Improved staff conditions including salaries, incentives, and personal development opportunities
         • Led to improved moral, reduced absenteeism, and reduced theft.
         • At the completion, Crown Agents transferred all management positions to Zambian staff
   c. Nigeria, Strengthening the Neglected Tropical Diseases supply chain
      i. Started with supply chain assessment:
         • Strengths: some qualified pharmacists and experienced store workers
         • Weakness: no written job descriptions and weak performance management
      ii. Capacity building started as result of assessment (some of these activities being implemented some still in planning stage):
         • Training on LMIS tools, development of standard operating procedures, and introduced supportive supervision
   d. Sierra Leone, National Pharmaceutical Procurement Unit (NPPU)
      i. Central, autonomous body that has replaced central medical stores
      ii. Capacity building program which includes coaching, mentoring and on-the-job training; some staff have attended accredited training courses
      iii. Team has stayed on the ground during Ebola outbreak but had to switch from systems strengthening to emergency response.

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3. **Introducing an Enhanced Cadre of Pharmacy to Improve Dispensing, Management, and Availability of Medicines at the Health Centre Level in Malawi,** Presented by Matthew Ziba, VillageReach

   a. No pharmaceutical personnel at health center level which leads to poor storeroom management, inaccurate reporting and unqualified personnel dispensing of medication

   b. VillageReach is currently training 150 pharmacy assistants

      i. Curriculum includes practical training which provides immediate relief to health centers and prepares students to address real world problems

      ii. Program has led to improvements in storeroom management, dispensing and reduced clinical time spend on logistics

4. **Key Points from Moderated Discussion**

   a. Someone asked about other supply chain improvements going on in Dominican Republic. SIAPS has been working on pharmaceutical delivery for 5 years and there have been improvements in selection of medicines, consolidated procurement and distribution changes have led to financial savings/cost efficiencies.

   b. Someone asked how to Malawi has been able to get around regulations to introduce a new cadre? It has been easy since they have worked with the government since the beginning.

5. **Comparison of Cost Effectiveness of Pre-Service and In-Service Training in Ethiopia,** Presented by Habtamu Berhe

   a. Integrated pharmaceutical logistics systems (IPLS) – all pharmaceutical procured and stored centrally

   b. USAID | DELIVER conducted a qualitative and cost comparison of training staff with In-Service Training (IST) vs Pre-Service Training (PST)

      i. 88% of trainees working in public sector

      ii. 93% received no other training beyond USAID|DELIVER training

      iii. IST costs $169 per trainee; PST is $25.50 (if you only count those who went to public sector, PST cost rises to $28.94)

         • IST is almost 6 times more expensive than PST

      iv. Lessons learned: PST reduces cost and reduces time health workers must spend away from work

      v. Limitation: assumed that IST and PST are equally effective

6. **Developing the SCM Workforce in Nigeria through Contextualized Pre-Service Education and Continued Professional Development;** Presented by Cheryl Mayo on behalf of Adebayo Adekolo and Adenike Adelanwa, Supply Chain Management Systems (SCMS)

   a. SCMS provides supply of HIV/AIDS products, and short-term and long-term TA

   b. Three-prong approach for workforce development:

      i. Pre-service – for future workforce (reached over 2,000 students)

      ii. In-service – for current health workforce (reached more than 50 students)

      iii. E-learning – through K4Health project (Introduction to Medical Laboratory Supply Chain Management course has been completed almost 1,500 times)

   c. Lessons learned: In-service training very expensive ($30,000 to 50,000 per 30 workers) thus more results can be achieved through collaboration and leveraging resources (such as K4Health project) or other approaches (such as pre-service training)

7. **Building Workforce Capacity to Operate a Web-Based Logistics Management Information System (LMIS) in Pakistan;** Presented by Muhammad Tariq

   a. Model for the Global Community – Pakistan placed high emphases on its major public health supply chains to improve performances using Pakistan Logistics Management Information System (LMIS) which is open source

   b. Rolled out the LMIS by providing capacity building for the workforce: Trained 100 "master" users and 2,000 LMIS users, provided training materials (TOT guidelines, user guides, etc) and used sustainable monitoring and follow-up.

   c. Benefits include improved reporting rate from ~40% to >80% and improved data quality

8. **Key Points from Moderated Discussion**

   a. There was concern about emphasis on cost of training vs effectiveness of training; it was agreed that both effectiveness and cost are important. A combination of different types of training may be the most effective; no one size fits all solution.

   b. Discussion of donors and how to effectively invest in human resources beyond the "black hole of training"; agreed that investment in human resources is key for supply chain improvements which includes investment in innovative approaches to workforce development and training.

Track 5
Professionalization

- Introduction by Ravi Anupindi
  - Focus of track is on professionalization

1. Chris Wright, "Professionalization in the public sector health supply chain management: IAPHL's present and future contribution"
  - Chris recognized current and active IAPHL members
  - History of IAPHL
    - Mid 2000s, recognition that there is a need for a community for public health logisticians
    - Other groups were too focused on commercial sector and were prohibitive cost-wise for most public health logisticians to join and no local presence
    - At the same time, there was a growing community of people who had been through logistics training and had no forum for following up or continuing learning
    - Started with a listserve
    - By 2007, there was enough of a community that it made sense to form IAPHL to link training alumni with each other and the broader community
  - IAPHL is all about professionalization, offering opportunities for training and growth as well as community discussions and conference attendance
  - Leverage the WHO Knowledge Gateway as the discussion forum platform
  - Actively networking with other organizations such as TECHNET21, PSM Toolbox, and others.
  - IAPHL also serves as a forum to publicize news and events
  - IAPHL also organizes fundraising for events such as PtD conference and the GHSCS
  - IAPHL currently has 2944 members from 117 countries
  - All of the discussions are archived on the Knowledge Gateway site
  - Through IAPHL, we have learned that professional organizations are essential
    - Share learning
    - Build community and sense of professionalization
    - Build platform for sharing knowledge with non-logisticians
  - Need to ensure sustainability of the organization
    - Looking to identify other organizations to get involved, lead discussions
    - If interested, contact IAPHL@jsi.com
    - Would like to replicate the participation that PtD has

2. George Fenton, "Creating the Humanitarian Professional: Moving from Certification to Advocacy and Endorsement"
  - Humanitarian Logistics Association
  - Started for many of the same reasons IAPHL was formed: because there was no community for humanitarian logisticians
  - HLA has been registered as a charity
  - Supply chain management accounts for ~80% of humanitarian relief costs
  - HLA board includes NGOs, UN, Red Cross, academia, and the commercial sector
    - Commercial to bring a fresh perspective
    - International representatives to get a global perspective
  - 1771 members currently
  - Like IAPHL, a lot of growth over the past 1-2 years

27

- Currently rely heavily on volunteers and would like to have a more sustainable model
- Activities
  - Host online discussions
  - Partner with academia for research
  - Annual Humanitarian Logistics Summit
  - Other conferences and training opportunities
- Hold strong relationships with universities around the world to promote humanitarian logistics research
- Focus of professionalization is to create a competent individual and to create a career pathway for humanitarian logisticians
- Created a certificate in humanitarian logistics program as well as related programs in humanitarian supply chain and humanitarian MedLog
- Also developing a learning and development "passport" to recognize the competencies and certifications that humanitarian logisticians hold

3. Wendy Prosser, "Other Duties as Required: Efficient Use of Human Resources in Mozambique"
- Everyone understands what "other duties as required" means on a position description
- Health logistics human resources are particularly stressed in the "last mile", and healthcare workers are pulled into logistics and not able to provide the care they need to provide
- Because logistics is an "other duty", it is an ad-hoc activity with unfunded activities and poor processes as well as missed care opportunities while handing logistics requirements
- In Mozambique, they introduced a dedicated logistician to operate transport loops to the districts
  - Distribution
  - Supportive supervision
  - Preventative cold chain maintenance
- Comparison of a traditional multi-tier distribution model vs. an informed push model
  - 380 vs. 138 people, respectively
- Benefits of the system
  - More efficient use of HR
  - Opportunities for SC specialization
  - Matches the reality of system needs
  - Allows health worker to serve patients
- Bottom line, health workers can provide better quality of care and result in healthier communities

4. Leah Hasselback, "Incentivizing access to family planning in Senegal via the informed push model"
- Based on the use of an informed push model in Senegal
- Just as you wouldn't ask a logistician to provide healthcare, we shouldn't ask a health worker to conduct logistics activities
- Dedicated logistician:
  - Manage quantification and ordering
  - Transport product and commodities
  - Collect data from SDPs
  - Operate temporary stores
- Operated by Senegalese companies with logistics professionals
  - Some have relationships with global logistics firms
  - Paid only for time they are working on the health supply chain
- Results

- Drastically reduced stockouts
- 100% data collection compliance
- o Health workers commonly use the word "revolution" to describe the new system
- o Strengthens the public-private partnerships while aligning supply chain incentives to ensure availability
- o Important to have an interface between the nimble commercial company and the rigid government system. Have an NGO position to serve that role
- o Need to remain flexible to help the 3PLs when new products or service points are added
- o Currently expanding to more regions and expanding the commodities that go through the push system
- o Part of the education now is telling people that informed push will not work for every scenario, it won't fix all problems

5. Andrew Brown, "The Pacific Medical Supply Workers Buddy Network: A regional professionalization activity"
- o There are about 25 countries in the Pacific Islands
- o Medicine supply is a particular issue in the Pacific
- o Only two academic training institutions, and they have small health logistics offerings
- o The "know-do" gap—people know what they should do from training, but don't act on it
- o Most of the countries are also emerging political environments
- o Small countries have fewer resources to handle all of the supply chain activities, including selecting the formulary, quantifying, etc.
- o Facilitated a "buddy network" through a grant from Gates Foundation
- o Countries are small enough that most have a fully integrated supply chain
- o Purpose of Buddy Network is to allow communal problem solving
- o Learn from each other to find new ideas
- o Research aspect is to observe and measure
- o 38 members from 19 countries
- o Saw good communication and discussion
- o Members hopes for the network have been met
  - Reduce isolation
  - Improve confidence
- o Next steps
  - Increase activity
  - First leadership training module to be delivered in November 2014
  - Seeking accreditation of the leadership course

6. Discussion/questions
- o We had two sets of talks. The first on connecting people on the ground (IAPHL, HLA, Buddy Network). What can each of these initiatives learn from each other?
  - The collaborative creation of a career pathway
  - IAPHL would like to facilitate competency based certifications specific to the unique requirements of public health logistics, similar to what HLA has
  - When CILT was first asked to develop a certification program for HLA, they thought it would be different from commercial certificates, but the competency model and skills needed were actually very similar to the commercial mode. It was the context that differed.
  - One project for PtD is to map the competencies between health and humanitarian operations

29

- IAPHL is experimenting now with the mentoring program, which is similar to the buddy network
- What makes the Pacific Islands a good place for the buddy network? Could it be applied elsewhere?
  - Professionals like to talk with each other and share, and it is transferrable

- The second group of talks were on informed push. What is the interface between system design and competency development?
  - It is about the system design. Just adding a logistician to the existing network would not have helped. The system had to be redesigned to fit the competencies available
  - Leah: "build the system around the competencies you have today"
- Question for Leah: you mentioned problems with the data. What additional data have you been able to collect
  - The data being collected is basically what you would find in a requisition as well as some unique cost recovery information
  - One risk is that the 3PL collects this data and is rated based on this data, so they have to put QA/QC processes in place
  - Need to grow the Senegal model, but understand that it may not fit for all commodities and not all commodities can be integrated

- For Chris and Andrew: As an end user, why should I join a networking group. Career growth? Better understanding? Problem solving resource? Understand what is happening around the world? Promoting to the world what you have done? If an organization does these and they can be found, it would increase membership
  - Being part of a network is largely about recognition. This is also behind the push for certification programs—being recognized as a professional logistician
  - One of the beauties of having a community of practice is sharing in the context

- What is a way to deliver commodities that you could recommend in a country? Are there lessons learned from the Senegal model for converging commodities?
  - One way to improve is to step back and look for efficiencies in the supply chains
  - Sometimes this takes effort for the government to take that step back
  - There is no one right model, and multiple models is only a bad thing if they are not working
  - You need to think about what models will work and test different approaches
- Who is buying items and who is deciding how much to send to who?
  - UNFPA and USAID buys most of the product
  - Base the initial delivery based on traditional quantification methods
  - For informed push, rationing does not work well, so you need a full supply or a robust allocation strategy
  - 3PL is given guidance on how much to deliver and has to justify significant deviation from the 3 month levels

- Private sector is leading the standards setting, is there an institute for supply chain management?
  - There is not a Chartered Institute for Supply Chain Management, but 2/3 of CILT members work in supply chain
- How realistic is it to find one person who has all of the PtD competencies?
  - The competencies need to be in the system, not necessarily all in one person.

Plenary 5

Closing Session – Country-based Action

1. **Interagency working group**
   Lisa Headman, WHO, Essential Medicines Department.

Interagency supply group met earlier this week; a group of policy and UN organizations as well as funding governments and agencies. Goal is to be more strategic with investments in supply chain through better coordination and innovation. Examples were to standardize and share assessments of supply chain systems; improve operational efficiencies; coordinate training; strengthen supply chain systems; improve operational efficiencies; and create an enabling environment, particularly a leadership environment.

Knowledge initiative by Eric at the World Bank aims to understand what makes a supply chain efficient. Exploring models and indicators to assess efficiency. She expects this to be a huge contribution to policy development. For example, they identified 19 different ways to measure commodity availability, which is a diagnostic, not an outcome. Many definitions for wastage. The initiative will make an attempt to normalize indicators.

2. **GAVI Alliance**
   Daniel Thornton, co-chair of supply chain taskforce.

Immunization includes vaccines and the commodities needed to deliver them, an interconnected supply chain, and a need for good information to ensure that the correct types and amount of commodities are supplied. A flow of goods, data and funds.

Most GAVI eligible countries don't meet the effective vaccines management standards. GAVI is planning to roll out new vaccines – to work with countries to improve coverage and equity. For an estimated $7.5 billion over 5 years, the target is to increase lives saved to 5.5 million. It will require a four fold increase in the volume of vaccines, and a five fold increase in costs. Currently GAVI spends one billion dollars a year on vaccines.

Because there was no overall approach agreed across the alliance, a task force was established to developed a supply chain strategy, which was approved by the board in June 2014. The board includes key players in immunization, who have created momentum behind the strategy.

The strategy includes objectives related to: vaccine potency; efficient use of resources; and availability of the right vaccines and supplies. A priority of people and practices priority is connected to other areas, which include cold chain and equipment, data for management, and distribution and transport. System design and optimization are overarching themes. The strategy recommends that all GAVI countries should have a supply chain manager and team (with authority and decision- making power), SCM improvement plans (to coordinate actors), a SC dashboard (for data management). In addition, some countries will need a system redesign. Supply chain manager actions should include improving access to training, job descriptions and guidance for hiring supply chain managers, and use of best practices in management and decision making.

The strategy start-up will take place in 2014 and 2015, with implement planned from 2016 through 2020. Nigeria and Mozambique were are already moving ahead, due to a group of active and engaged people.

3. **Key conference messages**

Comment from the floor: There is a need to make a political case for human resources for the supply chain. Need to use PtD to engage with the political leadership to get their support for the strategies and approaches presented during the conference. The example of the president visiting the CMS in Sudan was given as an example.

Andrew Brown, PtD Executive Manager

Presented key conference messages:
- Set of key messages (see slides)
- Overarching message of the need for more country engagement

Explained that PtD is a secretariat of two people. Clarified customers, materials offered (including Laptop toolbox), advice, linking people and organizations together, and encouraging the exchange of country experiences. Presented different ways to access PtD, such as via email and the website. Noted that the strength of PtD is in its members; and encouraged participants to join a working group, or engage with PtD resources. Need to take action together.

4. **Closing remarks and call to action**
Benoit Silve, Chair, PtD Board

Expressed concern for delegates from Burkina Faso and those from Ebola affected countries. Thanked UNICEF for hosting the conference, the supporting agencies, the conference task force within PtD, the UNICEF volunteers and the translators.

Expressed satisfaction with the high quality participants and presentations.

Noted slight disappointment with the number of participants (150 delegates from 20 countries). Suggested looking for ways to engage more people.

If PtD did not exists, the situation we were trying to improve when the initiative started would still be there today.

Explained that all recommended changes were taken into account in the conference "Call for action". The statement was unanimously approved by a show of hands and is available at http://www.peoplethatdeliver.org/sites/peoplethatdeliver.org/files/2nd%20PtD%20Global%20Conference%20Statement%20of%20Commitment%20to%20Action.pdf

Suggested that in moving ahead there is a need to:
- Raise funds and build a business case
- Demonstrate that investing in people is useful
- Dedicate funding to pre-service training
- Take a bottom up approach - listen to wise men in the warehouses, and at the end of the line in remote facilities.