Systematic HR in SCM. Global approaches and country based application.
23rd October 2014

Andrew Brown
1. A global perspective of HR for SCM

2. SC4CCM activity in Rwanda & Malawi

3. Interactive discussion
A global perspective of HR for SCM
The People that Deliver Initiative

Improving health outcomes by promoting sustainable workforce excellence in health supply chain management

- country governments
- international agencies
- academic institutions
- implementing partners
- Non-governmental organizations
- private companies

70+ member organizations
The desired paradigm for HR in SCM

Characteristics

- Long term focus
- Requires reform of perceptions, policies and practices
- Converts existing expenditures into investment
- Capacity benefits accumulate over time
- Inherently sustainable and country-driven

National institutions provide relevant qualifications

Qualified staff hired/contracted for SCM positions

Elevated status for SCM and SCM workforce

Appropriate career incentives provided

High staff satisfaction and retention

SCM jobs desirable; qualifications sought
Significant PtD Milestones

- June 2011, PtD Global Harmonization and Positioning Conference, WHO Geneva
- July 2011 – Dec 12, PtD Board, focus countries, & working groups established. (Advocacy & Knowledge Management, Technical, & Research)
- June 2012, UNICEF offers to host the PtD Secretariat with core funding provided by UNICEF, UNFPA and USAID
- June 2013, Appointment of Executive Manager for PtD
- June - Aug 2013, Approval of PtD Strategic Plan and Operational Plan
- Jan 2014, PtD Board approves 2nd phase of PtD (2015-2016)
- October 2014, 2nd PtD HR for SCM Conference, Copenhagen
PtD Focus Countries

Dominican Republic

Ethiopia

Indonesia

Burkina Faso

Liberia

Mozambique

Namibia
Five building blocks of HR in SCM

Block 1
Engaged Stakeholders

Block 2
Optimise Policies & Plans

Block 3
Workforce Development

Block 4
Increase Performance

Block 5
Professionalisation of SCM
Four PtD Strategic Goals

I. **Global recognition** that strong supply chains are essential for positive health outcomes and require a competent, recognized and supported supply chain workforce with significant technical and managerial capacity.

II. **Government and national health institutions** demand, recruit and retain appropriately qualified personnel for positions with supply chain responsibilities.

III. **Adequate personnel from relevant cadres** with appropriate supply chain competencies and qualifications are available.

IV. **A repository of evidence-based resources** for HR for SCM is established, accessible, used and disseminated.
PtD Goal 1 – Global recognition

PtD, through its Secretariat and members has been active in:

✓ Direct contributions to global supply chain strengthening activities, including UN CO LSC promising practices brief, GAVI supply chain strategy, WHO/AMDS report to World Health Assembly (on Access to ART).

✓ Advocacy presentations to: DFID, Global Fund PSM, World Bank, UNFPA, UNICEF PD
PtD Goal 2 –
Country government action

PtD, through its members has been active in:

- HR for SCM assessments completed in 12 countries.

- **Burkina Faso** - Regulatory changes implemented to delineate SCM cadres, development of academic course & public service structural change. Health logisticians have been deployed in 17 districts.

- **Ethiopia** - Govt. HR planning process engaging SCM partners with a focus on: education and standards. Newly formed HR for SCM task force is accelerating momentum.

- **Indonesia** - PtD Indonesia national working group, one gate policy with engagement of SCM partners, professional grouping of provincial SCM leaders with national networking through WHO knowledge gateway link.
PtD Goal 3 – Adequate personnel trained

PtD, through its members has been active in:

✓ **Benin** - LOGIVAC center at the L'Institut Régional de Santé Publique (IRSP), AMP (Rwanda proposed as 2\textsuperscript{nd} site)

✓ **Burkina Faso** - University of Burkina Faso, Bioforce

✓ **Ethiopia** - Jimma University, Govt lead

✓ **Namibia** - University of Namibia, USAID

✓ **Pacific Island Countries** - University of Canberra, UNFPA

✓ **South Africa** - African Supply Chain Academy, HIS & Divinci UNI.

✓ **LAPTOP (Learning & Professional Training Opportunities)** - RHSC
PtD Goal 4 – Tools and resources

The following tools are now available:

- **Advocacy tools.** Who is PtD? Why focus on HR in SCM? and how to make smart investments in HR for SCM

- **Assessment and planning.** HR for SCM Assessment Guide and Tool (USAID|DELIVER), has been used in 12 countries: Burkina Faso, Dominican Republic, Ethiopia, Guatemala, Indonesia, Liberia, Namibia, Nicaragua, Rwanda, Senegal, Zimbabwe

- **Competency mapping.** The PtD Competency Compendium for Health Supply Chain Management (University of Canberra). This tool is currently being applied in Namibia through SCMS partners

- **Funding.** Country Guide: Applying for Public Health Supply Chain Management Development Funds
Points of engagement with PtD

- Consider using PtD tools and resources when engaging with countries.
- Become a PtD member (go to www.peoplethatdeliver.org)
- Join a PtD working group (e-mail info@peoplethatdeliver.org)
- Become a PtD Twitter follower (@PplthatDeliver)
- Tell us your HR for SCM stories or projects
- Advocate for HR for SCM within your organization
- Attend the upcoming 2nd PtD HR for SCM conference

For more information please contact Andrew Brown at executivemanagerptd@unicef.org
INSERT SS4CCM presentation here
i. How do you consider HR in SCM in your context?

ii. What are the barriers to increasing the focus on HR for SCM in your country?

iii. How could those barriers be overcome?

iv. What is your next step to improve HR in SCM in your context?
Working toward a vision of medicine availability for all….