



TechNet-21
The Technical Network for
Strengthening Immunization Services

November 3rd, 2022

The Critical Role of Health Supply Workforce in Driving Immunization and Health Outcomes

Your panel



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Supply chains are only as strong as the people managing them.



STANDING UP FOR THE HEALTH SUPPLY CHAIN



As **the technical leader** in human resources for supply chain management, PtD is **the only global body** that brings together governments, donor agencies, the private sector, technical organisations and educational providers to address **address the people** working in health supply chains in low-and middle-income countries.

Even the best systems will fail if they are not supported by staff who are skilled, motivated and provided with appropriate working conditions. If health systems fail, health commodities don't reach the people who need them.

The **convenors** of diverse organisations
The **leaders** in technical information
The **advocates** of supply chain professionals

Only with a qualified supply chain workforce will health products reach patients.



Background

Established in 2011 to advocate for a systematic approach to human resources (HR) for health supply chain management (SCM).



- A global coalition



- Member countries and organisations are the vehicles for the provision of services and funding.



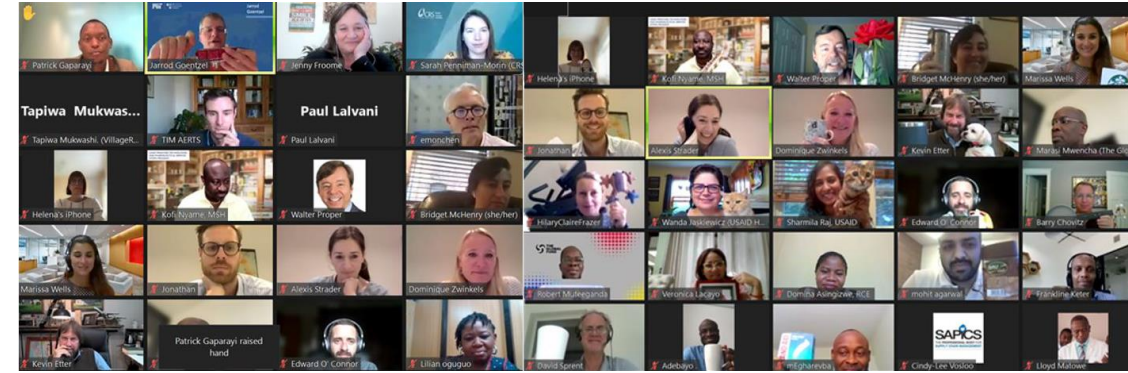
- Builds on the experiences of coalition members to advocate for change at a global and country-level.

PtD is governed by a member coalition representing seven constituencies:

1. Governments or other organisations representative of low and middle- income countries
2. Donor governments/agencies/foundations
3. Multilateral organisations
4. Non-governmental and technical organisations
5. Academic/research/training institutions
6. Professional Associations
7. Private Sector organisations

The strength of PtD is in our coalition members

28 organisations and growing



Our vision and goal

VISION



We envision a world where health supply chain workforces are empowered and equipped to optimise health outcomes by improving access to health commodities.

GOAL



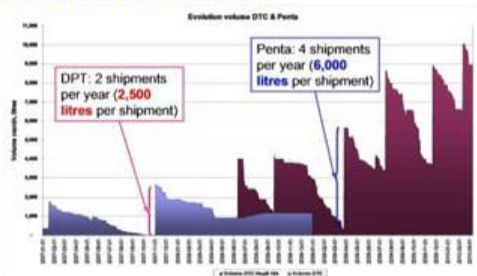
We aim to create a competent, supported, and adequately staffed supply chain workforce that is deployed across the public and private sectors within the health system.

Why do we focus on HR for SCM?



Increasing pressure on health supply chains

Increased workload...



New vaccine introduction resulted in a **5-fold increase of the workload** at central level!

Increased values at stake!



New vaccine introduction resulted in a **24-fold increase of the value** of vaccines stored at central level!

9

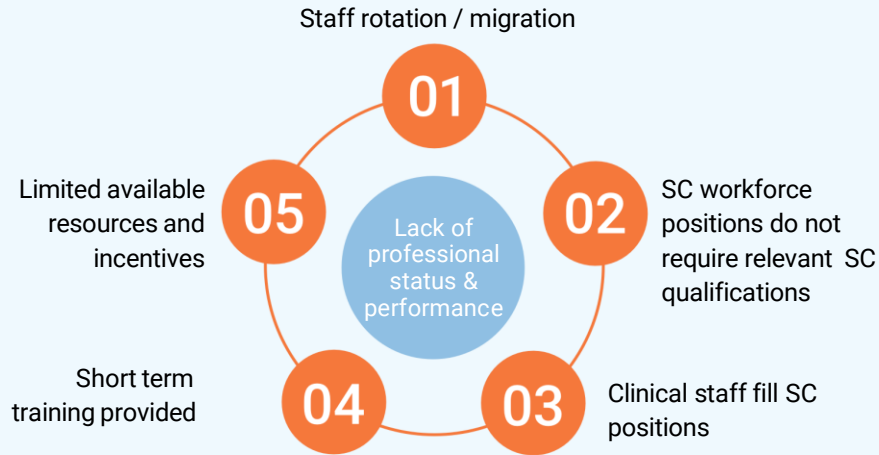
24-fold increase in the value of new vaccines introduced into a country...

... resulted in a 5-fold increase in the workload for supply chain management

Lack of professional status and performance

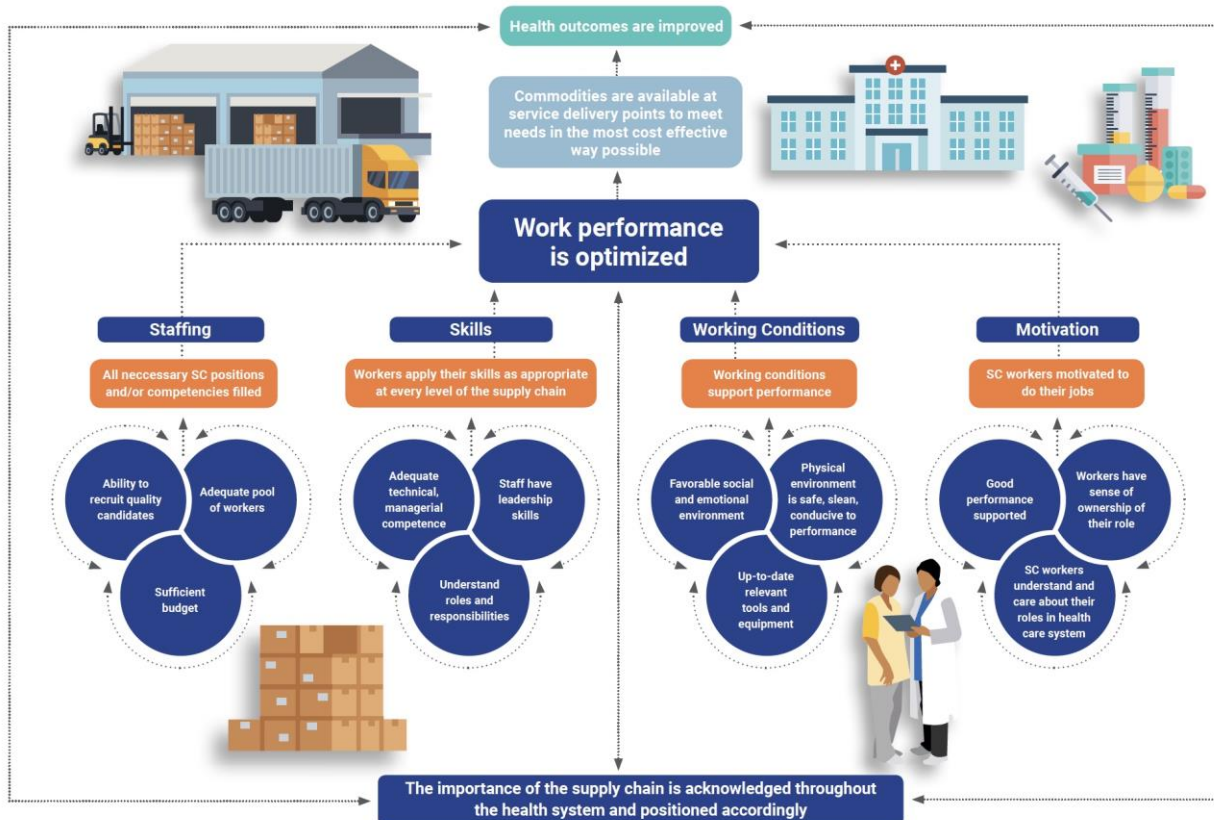
Health supply chains are a key enabler for increasing the availability of life-saving medicines and other health commodities. The challenge is to ensure enough professionals have the competencies required for effective SCM of health products.

Current paradigm

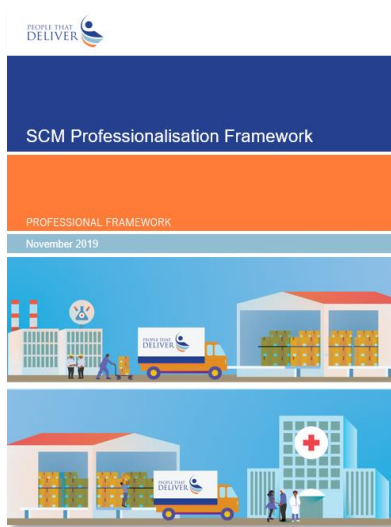


Desired paradigm ✓





SCM professionalisation framework



Governments to define standards

Institutions of learning to define teaching

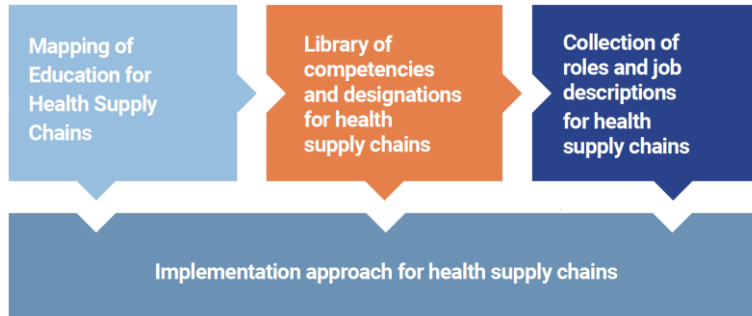


Employers to define competency needs

Employees to map careers

Goals

- elevate the status of the profession
- facilitate recruitment and retention
- develop a SCM leadership pipeline



Driving supply chain professionalisation



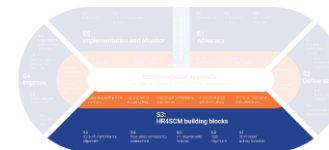
Nigeria
S1: Advocacy

Progress indicator: 1 of 5 steps completed



Rwanda
S3 : CMS HR4SCM

Progress indicator: 4 of 5 steps completed



Mozambique
S3 : CMAM HR4SCM

Progress indicator: 4 of 5 steps completed

Professionalization efforts underway in Rwanda



Phase 1

Advocacy and awareness creation

- Mapping of stakeholders in March 2021 – Had numerous meetings
- Webinar in June 2021 – 271 registered, **142 attendees** (including representation from **12 organizations in Rwanda** – RMS, GIZ, MOH, USAID, Onesight, RCE/University of Rwanda, Rwanda Biomedical Center, GHSC-PSM, MSF, BUFMAR, Project San Francisco & Center for Family Health Research)

Phase 2

Defining the scope and securing commitment

- Consultative meeting/workshop in September 2021 – commitments to support SCM professionalization was secured – Representatives from MOH, HRH, RCE, GHSC-PSM, WHO, RMS, Pharmacy Council, SDPs – Referral & District Hospital
- Support – advocacy, increased awareness, and participation
- Project charter

Phase 3 (on-going)

HR4SCM Building Block - Mapping SCM processes and activities in existing domains

- Developed a process mapping tool in August 2022
- Data on existing SCM processes, activities, designations, and competence
- Rwanda Medical Supply (RMS), Branch RMS, SDP (Teaching Hospital, District Hospital, Health Center, and Health Post)
- Job descriptions, Open-ended questionnaire, and interview.

Phase 4 (yet to start)

Create capacity development plan

Phase 5 (Yet to start)

Implement and Monitor

Professionalization efforts underway in Rwanda



Generated SCM professionalization in Rwanda

- Support **SCM workforce**:
 - Amplified the career pathway for the SCM workforce
- Support **Ministry of Health** to establish:
 - Job descriptions for SCM workforce at the SDP level
 - Summary job descriptions and process activities for each cadre of staff at each level
 - Required competencies per role
 - ✓ Assessment of the incumbent to understand current competency gaps
 - Key performance indicator (KPI) per role
 - Supervisee counts per role
 - Pre-requisite training and experience per role

Professionalization efforts underway in Rwanda

Generated SCM professionalization in Rwanda

Support **institutions of higher learning**:

- Compilation of competencies to influence the curriculum of SCM offerings (institutions involved in WLMA and SCM course offerings)
- ☛ **The Regional Centre of Excellence for Vaccine Immunization and Health Supply Chain Management (RCE-VIHSCM)** – Master’s course on health SCM and SCM professional short courses
- ☛ **The School of Medicine and Pharmacy** – BSc with Honors in Pharmacy, which provides introductory SCM competencies
- ☛ **The School of Health Sciences** – Masters in Hospital Management with limited procurement and SCM education
- ☛ **The School of Business at the University of Rwanda** – plans to offer a BSc in logistics and SCM
- ☛ **The University of Kigali** – BSc with Honors in Procurement and Supplies and MSc in Procurement and Supply Chain Management.

Funding priorities in capacity development



A systems approach and focused on institutional capacity building, promoting the transfer of skills to in-country counterparts and establishing systems and mechanisms for sustainable local capacity building. Addressing the whole labor market with interventions around professionalization, standards, workforce planning, and higher education.

Strengthens and accelerates the development of efficient, agile, people-centric and sustainable national health system supply chains to ensure equitable access to quality assured and affordable health products. Supporting countries to structure, develop and professionalise capabilities to operate their supply chains.

Crowd in new partners to contribute to supply chain professionalization and specific capacity-building projects by injecting industry best practice into the development ecosystem

TO ADDRESS THIS...

The Challenge

Inconsistent availability of high-quality vaccines and limited reach of vaccine supply chains in underserved populations threaten access as well as immunization coverage and equity outcomes, and put vaccine investments at risk



WE FOCUS ON...

Investment Priorities & Expected Outcomes



Data Visibility & Use

▶ to make real time data available at all levels of the SC and encourage data use by decision makers to improve SC performance



Strategic Planning

▶ to a country-led strategy informed by people's needs, that is adequately financed



System Optimization & Segmentation

▶ to design and optimize supply chains that reach everyone and minimize cost and waste



Capacity Development & Professionalization

▶ to adequately staff all levels of iSC with motivated and competent workforce



Fundamental Infrastructure

▶ to ensure vaccines are stored and transported in well-functioning equipment to ensure quality;



Smart Integration & Harmonization

▶ to intergrate and harmonize iSCs with other public health supply chains, program functions and overall health system to maximize resources



TO ACHIEVE...

Impact Goals

- ▶ Extended Reach
- ▶ Vaccine Availability
- ▶ Efficiency
- ▶ Resilience
- ▶ Responsiveness
- ▶ Sustainability



SUPPORTED BY...

Enablers

Country Leadership, Governance & Stewardship

Domestic & International Funding

Partner Alignment & Coordination

Innovation

Private Sector Engagement

AND FULFILL...

Vision

Strong supply chains enable **DELIVERY OF LIFE-SAVING VACCINES TO EVERY PERSON** when needed, no matter where they are



iSC strategy Theory of Change

How do investments in the key priority areas lead to reaching our goals?

The Problem

Inconsistent availability of high-quality vaccines and limited reach of vaccine supply chains in underserved populations threaten access as well as immunisation coverage and equity outcomes.

Gavi iSC Investment Priorities

System Optimization & Segmentation: Design the supply chain and individual segments to reach everyone, be cost-effective and efficient, and reduce and manage waste.

Fundamental Infrastructure: Continue support to maintain adequate CCE capacity and SC infrastructure.

Smart Integration & Harmonization: Connect people, products, programmes, and functions in context-appropriate ways to improve efficiency and performance.

Data Visibility & Use: Use digital systems to enable data visibility throughout the SC, and processes and tools support the use of high-quality data for decision-making to drive continuous SC performance and improvement.

Capacity Development & Professionalization: Build the capabilities of local supply chain cadres and individuals in partnership with local organisations.

Strategic Planning: Country leadership develops and finalizes a national multi-year operational and strategic plan that defines priorities and interventions, incorporates people's needs, allocates responsibilities, and maps progress towards a common vision for the ISC.

Intermediate Outcomes

Supply chains are designed to reach everyone

Supply chains are optimized to minimize cost and waste

Vaccines are stored and transported in well-functioning equipment to ensure their quality.

iSCs are integrated with other public health supply chains to maximize resources

iSC functions are harmonized with programme functions and overall health system

Real-time data are available at all levels of the SC

Data are used by decision makers to continuously improve SC performance

The SC is adequately staffed at all levels with motivated and competent workforce.

Country leadership determines strategic direction for SC

Needs and preferences of people throughout their life course are incorporated into strategic plans

The supply chain is adequately financed

Impact Goals

Extended Reach: Equitable SCs extend reach of vaccines to the last mile to serve underserved and zero-dose populations through comprehensive points of access

Availability: High-quality vaccines are available in adequate quantities, when and where they are needed.

Efficiency: Well-functioning SCs minimise operational costs and product waste, with interconnected people, systems and structures in place.

Resilience: Supply chains are agile and prepared to adapt to sudden changes including natural disasters and outbreaks of infectious disease.

Responsiveness: People-centered supply chains respond to the needs and preferences of people throughout their life course.




Sustainability: Government-led supply chains are financially, programmatically, environmentally, and socially sustainable.

Enablers

- COUNTRY LEADERSHIP, GOVERNANCE & STEWARDSHIP
- INNOVATION
- PRIVATE SECTOR ENGAGEMENT
- PARTNER ALIGNMENT & COORDINATION
- DOMESTIC & INTERNATIONAL FUNDING

What are practical approaches for the strategy to get implemented into action?

Investment Priorities & Areas of Opportunity within the Investment Priorities

Data visibility and use	Capacity development and professionalization	Fundamental infrastructure	Strategic planning	System optimization and segmentation	Smart integration and harmonization
Digitize and integrate information systems (eLMIS, Barcoding, Track & Trace) 	Supply chain competencies and structures	Continue support to maintain adequate CCE capacity	Conduct comprehensive supply chain planning	Continuously review and optimise existing systems	Conduct analysis and identify opportunities for integration
Collect, analyse, and use data	Strengthen and apply skills	Integrate temperature and other SC data	Consider various financing approaches	Improve processes, from forecasting to waste management	Develop guidance and evidence for integration
Active vaccine & syringe stock management, including wastage tracking & mitigation 	Identify effective incentives & motivators	Invest in appropriate SC resources, either building capacity or outsourcing	Strengthened national and subnational governance mechanisms 	Apply approaches from other settings and sectors	Connect broad community of SC actors at national and sub-national levels
Establish a monitoring & accountability framework	Create healthy work environments			Strengthen data-driven forecasting and agile supply planning 	

 The comprehensive vaccine management approach supports attainment of the iSC 5.0 strategic vision, and emphasizes a few areas of focus for targeted strengthening within the investment priorities

What are practical approaches for the strategy to get implemented into action?

Capacity development and professionalization

Areas of opportunity	Practical Actions <small>[note: these are illustrative]</small>
<p>Supply chain competencies and structures</p>	<ul style="list-style-type: none"> ■ Break down job descriptions and create clear roles and responsibilities, including RACI Matrix (laying out expectations daily, monthly, yearly; e.g., translate JDs and SOPs into tangible tasks) ■ Ensure that a career pathway for SC staff exists and supply chain management Professionals are valued (include SC managers as a cadre of civil servants). ■ Review, optimize, and strengthen organizational structures and policies. ■ Implement electronic HR systems to ensure accountability in performance.
<p>Strengthen and apply skills</p>	<ul style="list-style-type: none"> ■ Build a range of SC skills at all levels (from leadership to community health workers). Introduce SC into curriculum for secondary education; strengthen pre-service education and in-service capacity building. ■ Functional rotation in the staff, including across SC functions and levels (so that national staff go to the sub-national level and vice versa) to improve understanding of how everything works. ■ Apprenticeship, mentoring, and sponsorship programmes with: 1) south-to-south exchanges; 2) collaboration with regional centres of excellence; 3) universities; and; 4) private sector firms.
<p>Identify effective incentives & motivators</p>	<ul style="list-style-type: none"> ■ Identify motivations and incentives for SC staff and implement responsive approaches.
<p>Create healthy work environments</p>	<ul style="list-style-type: none"> ■ Ensure working conditions support performance, including a favourable environment and culture, by making sure policies and procedures, resources, and supervision are in place

What changes will we see and how will progress be measured?

CHANGE

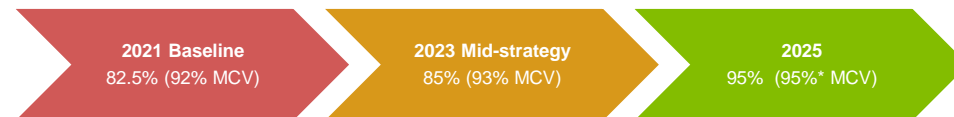
MEASURE & TARGETS

METHOD

Increased availability of life-saving vaccines where and when they are needed.

Full stock availability

Average over all reporting countries of the percentage of districts that reported no stock-outs (with full stock availability) for the full year for DTPcV and MCV.



- Measured monthly via LMIS data & DHIS2
- Reviewed by iSC2 bi-annually
- Contributes to IA2030 and Gavi 5.0 strategy indicators
- Reported by UNICEF & WHO

Improved performance of immunisation supply chains

Composite EVM Scores

Average composite EVM score across countries conducting an EVM assessment.



- Measured on an ongoing basis
- Reviewed by iSC2 bi-annually and reported annually
- Reported by WHO

A.Q.E. EVM Scores

The percentage of countries with $\geq 80\%$ score in A-availability, Q-quality, and E-efficiency EVM indicator categories, for countries that undergone an EVM2.



*: subjected to revision after mid-strategy review 2023

What changes will we see and how will progress be measured?

CHANGE

MEASURE & TARGETS

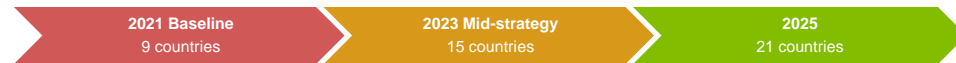
METHOD

Increased investments in iSCs in key priority areas



System Optimization & Segmentation

Number of priority countries that have completed a system design assessment and adopted recommendations, including for last mile delivery into national supply chain strengthening roadmaps



Smart integration & Harmonization

% of countries that have a supply chain strategy / masterplan for the integration of immunization supply chain into the national health commodities supply chain with plans to reach zero-dose population.



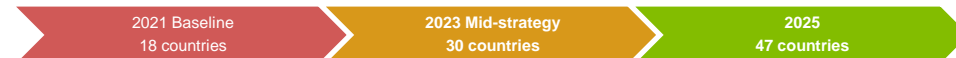
Fundamental Infrastructure

of Gavi countries that will have a CCE functionality** rate of 90%



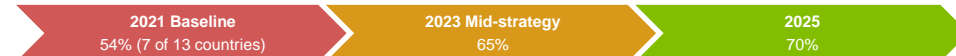
Data Visibility & Data Use

of Gavi countries that have a vLMIS solution and processes for data use



Capacity Development & Professionalization

% of countries that have conducted an EVM2 assessment have a score above 80% in the C4 category: "recruitment, training and knowledge of staff meet EVM standards"



Strategic Planning

of Gavi countries will have conducted an EVM2 and have a cIP – oversight by a functioning NLWG.



- Measured on an ongoing basis
- Reviewed by iSC2 bi-annually and reported annually
- Reported by UNICEF

- Measured on an ongoing basis
- Reviewed by iSC2 bi-annually and reported annually
- Reported by Gavi monitoring and performance management

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- Reviewed by iSC2 bi-annually and reported annually
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- Measured on an ongoing basis
- Reviewed by iSC2 bi-annually and reported annually
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*: subjected to revision after mid-strategy review 2023

** Definition of functional CCE: Operable cold chain equipment that protects vaccine potency by maintaining a safe storage temperature range in challenging environmental conditions as defined by WHO PQS specifications. Cold chain equipment will be considered functional unless any of the following criteria met: a. Refrigerator had 5 or more heat alarms of over 10-hour duration (above +8C), b. Refrigerator had 1 or more freeze alarms of over 1 hour duration (below -0.5C), c. Refrigerator had 1 or more heat alarms of 48-hour duration or longer (above +8C)

Gavi's Support to STEP 2.0



Coordinated by People that Deliver (PtD), STEP 2.0 is jointly offered by four donor agencies:

The four agencies are linked by the Collaboration Framework signed in February 2021.

- Gavi
- Global Fund
- IFPW Foundation
- USAID

Each donor agency has a pool of implementing partners to deliver STEP 2.0 in country, and they are shared across agencies:

- The following are Gavi's Validated Implementing Partners (VIPs)
- Yale, GaneshAID, Empower School of Health, Celsian Consulting, Geneva Center for Security Policy, Village Reach, LOGIVAC

- Over the years, there has been an increase in Gavi's investment in Capacity Building through HSS grants and as a result, EVM scores have improved in this area- e.g., the **E8** score improved from **71%** in 2015 to **84%** in 2021.
- Gavi's Strategic Funding Area (SFA) funding: About USD\$125,000 will be used to co-fund the **Global Fund program** in Ethiopia by adding 10-15 participants to the program

Vehicles for capacity development and professionalisation

Investment Priorities & Areas of Opportunity within the Investment Priorities

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Establish a monitoring & accountability framework	Create healthy work environments			Strengthen data-driven forecasting and agile supply planning	

Areas of opportunity

Practical Actions [note: these are illustrative]


Supply chain competencies and structures


- Break down job descriptions and create clear roles and responsibilities, including RACI Matrix (laying out expectations daily, monthly, yearly; e.g., translate JDs and SOPs into tangible tasks)
- Ensure that a career pathway for SC staff exists and supply chain management Professionals are valued (include SC managers as a cadre of civil servants).
- Review, optimize, and strengthen organizational structures and policies.
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Strengthen and apply skills


- Build a range of SC skills at all levels (from leadership to community health workers). Introduce SC into curriculum for secondary education; strengthen pre-service education and in-service capacity building.
- Functional rotation in the staff, including across SC functions and levels (so that national staff go to the sub-national level and vice versa) to improve understanding of how everything works.
- Apprenticeship, mentoring, and sponsorship programmes with: 1) south-to-south exchanges; 2) collaboration with regional centres of excellence; 3) universities; and; 4) private sector firms.

Identify effective incentives & motivators

- Identify motivations and incentives for SC staff and implement responsive approaches.

**Create | | |
 envi | | |
 ents**

- Ensure working conditions support performance, including a favourable environment and culture, by making sure policies and procedures, resources, and supervision are in place

Benefits

Challenges

Supply Chain Competencies and Structures

Job
Descriptions

Career
Pathways

- Clear performance **expectations**
- Opportunities for **cross-training**
- Consistent **performance metrics**
- Develop consistent **salary “bands”**

- Encourages **better job performance**
- Develop and retain an **experienced cadre of workers**
- **Reduce loss** of experienced workers to private sector
- Leadership understands **day-to-day operations**

- Requires **comprehensive analysis** of all SC roles
- Requires staff to develop **clear & consistent definitions of responsibilities** nationwide
- **Funding**

- Requires regular, comprehensive, and quantitative **worker performance assessments**
- Insure that performance (not seniority) is the **primary driver of advancement**
- Lateral entry for **private sector professionals**
- **Advertise new opportunities** where it is easy for workers to find them
- Ensure **salaries increase** with responsibilities

Benefits

Challenges

Identify effective incentives and motivators

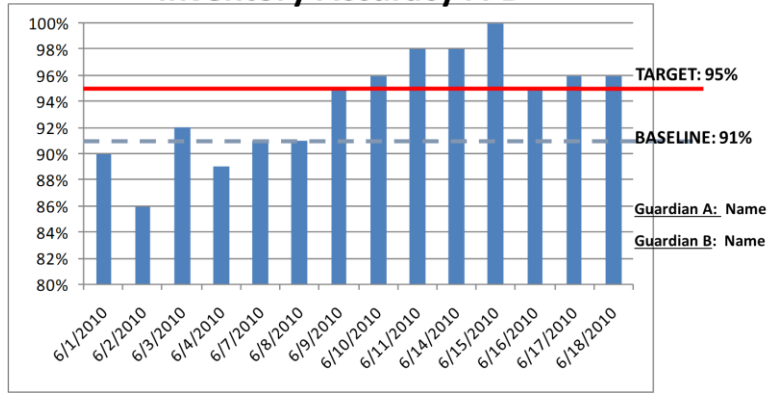
Incentives

- Develop and **retain most capable workers**
- Incentive **payment tied to quantitative performance improvement** (specific, well-defined metrics) – can calculate return on investment in incentives
- Encourages **“out of the box” thinking** to devise performance improvements
- Enhanced worker **collaboration** to solve problems

- Requires **“performance-based mindset”** of leadership and donors
- Requires very **clear definition** of performance objectives
- Requires meticulous and **accurate capture of performance data** for each individual
- Guard against **“gaming” the system**
- **Funding** to establish and implement performance management program
- Ongoing **funding to support incentive system** (it’s not a one-time event but a regular part of the job and its compensation)

Incentives work!

Inventory Accuracy A-B



Value of performance improvement was more than 10X the cost of the incentives

What is the main Human Resources issue you are currently facing?

Option 1: Copy paste in your browser the link shared in the chat (<https://www.menti.com/alvgrho8jgkc>)

Option 2: Go to www.menti.com and use the code **8216 5145**



Which pathway from PtD's Theory of Change will you first take to resolve this issue?

Option 1: Copy paste in your browser the link shared in the chat (<https://www.menti.com/alkaap1wuki8>)

Option 2: Go to **www.menti.com** and use the code **26 02 15 2**





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Questions & Answers