Workforce Development

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Recommendation:

Ensure that the four critical pathways – **Staffing, skills, working conditions and motivation** – are present, so that workers at every level are performing optimally and running an effective supply chain system.

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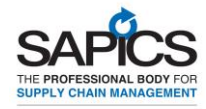
The **convenors** of diverse organisations
The **leaders** in technical information
The **advocates** of supply chain professionals

Only with a qualified supply chain workforce will health products reach patients.
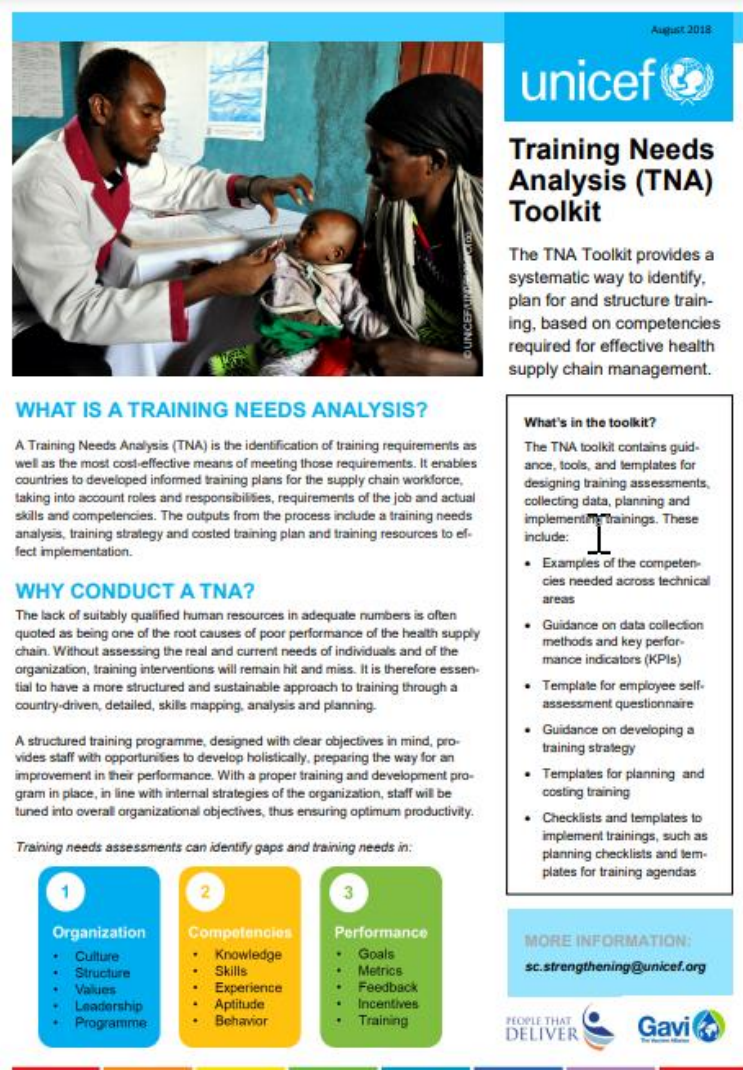
The strength of PtD is in our coalition members
30 organisations and growing

Building human resources for health supply chain management Theory of Change

Health outcomes are improved

Commodities are available at service delivery points to meet needs in the most cost effective way possible

Work performance is optimized

Staffing

All neccessary SC positions and/or competencies filled

- Ability to recruit quality candidates
- Adequate pool of workers
- Sufficient budget

Skills

Workers apply their skills as appropriate at every level of the supply chain

- Adequate technical, managerial competence
- Staff have leadership skills
- Understand roles and responsibilities

Working Conditions

Working conditions support performance

- Favorable social and emotional environment
- Physical environment is safe, slean, conducive to performance
- Up-to-date relevant tools and equipment

Motivation

SC workers motivated to do their jobs

- Good performance supported
- Workers have sense of ownership of their role
- SC workers understand and care about their roles in health care system

The importance of the supply chain is acknowledged throughout the health system and positioned accordingly

Building Human Resources for Supply Chain Management
Theory of Change

USAID FROM THE AMERICAN PEOPLE
HRH 2030 HUMAN RESOURCES FOR HEALTH IN 2030
PEOPLE THAT DELIVER
unicef

Training needs analysis (TNA)

Training Needs Analysis (TNA) Toolkit

The TNA Toolkit provides a systematic way to identify, plan for and structure training, based on competencies required for effective health supply chain management.

WHAT IS A TRAINING NEEDS ANALYSIS?

A Training Needs Analysis (TNA) is the identification of training requirements as well as the most cost-effective means of meeting those requirements. It enables countries to developed informed training plans for the supply chain workforce, taking into account roles and responsibilities, requirements of the job and actual skills and competencies. The outputs from the process include a training needs analysis, training strategy and costed training plan and training resources to effect implementation.

WHY CONDUCT A TNA?

The lack of suitably qualified human resources in adequate numbers is often quoted as being one of the root causes of poor performance of the health supply chain. Without assessing the real and current needs of individuals and of the organization, training interventions will remain hit and miss. It is therefore essential to have a more structured and sustainable approach to training through a country-driven, detailed, skills mapping, analysis and planning.

A structured training programme, designed with clear objectives in mind, provides staff with opportunities to develop holistically, preparing the way for an improvement in their performance. With a proper training and development program in place, in line with internal strategies of the organization, staff will be tuned into overall organizational objectives, thus ensuring optimum productivity.

Training needs assessments can identify gaps and training needs in:
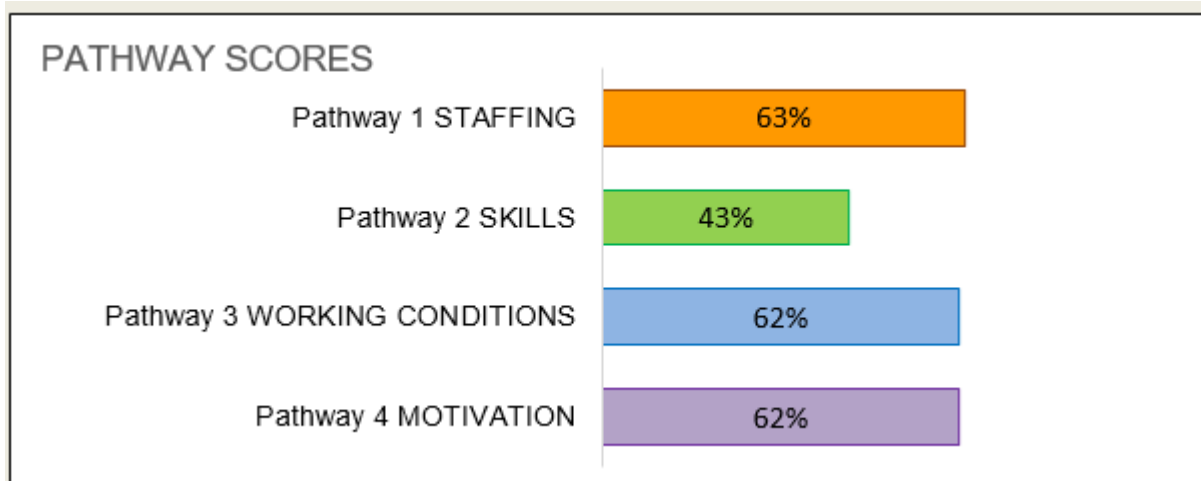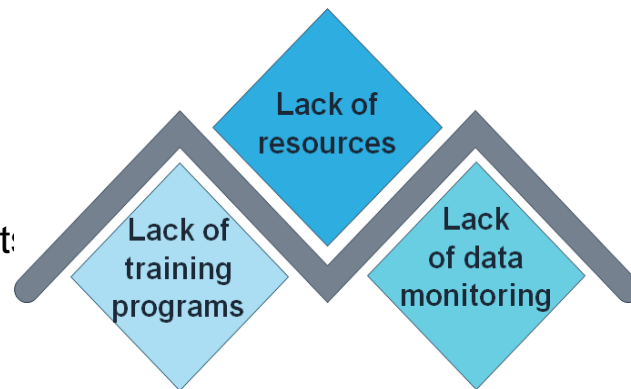
- Is the lack of training really an important causal factor for poor system performance?

- Will 'the problem' be solved by training?

"The method of determining if a training need exists and, if it does, what training is required to fill that gap"

The challenge

- No formal supply chain training exists in Nepal
- In-service training takes healthcare personnel / pharmaceutical / vaccine store officers away from their work. It can be effective but expensive too and relies on external technical assistance
- At the health facility level, pharmacists/other health workers manage the pharmacy store and vaccine refrigerators but have limited or no formal training in logistics
- At the higher-level stores, store workers tend to come from administrative cadres within the civil service and have no knowledge of, or training, in healthcare or pharmaceutical management
- Poor storage practices and inconsistent performance
- Low product availability and high wastage/expiry of products

PATHWAY SCORES

Pathway 1 STAFFING	63%
Pathway 2 SKILLS	43%
Pathway 3 WORKING CONDITIONS	62%
Pathway 4 MOTIVATION	62%

The top five HR for SCM recommended interventions are:

1	**Improve mentoring programs to address competency gaps**
2	Improve coaching programs to address skill gaps
3	Develop SC-specific certificate and degree programs
4	Include pharmaceuticals in existing SC degree programs
5	Integrate SC into the curricula of health care degree programs

Lack of resources

Lack of training programs

Lack of data monitoring

Recommendations

- The capacities of SCM staff should be developed in six key areas
- A training strategy and plan should be developed
- A HR plan with defined roles and responsibilities at every level should be developed
- Budget allocations should be dedicated to training
- Additional recommendations to build robust SCM and focus on five identified interventions in Nepal

	Training theme	Priority level
1	Introduction to public health commodities and supply chain management	High
2	Selection and quantification planning	High
3	Global health procurement	High
4	Storage and distribution	High
5	Data management and reporting	Medium
6	Emergency, pandemic and humanitarian public health procurement and supply chain management	Low
7	Resource management	Medium
8	Workplace and Personal Effectiveness	Medium

Recommendation:

Countries should transition to using evidence-based higher impact interventions to improve health worker performance.

Effective performance improvement techniques

Training + Supervision
18%

Group problem solving + training (especially QI/collaborative improvement + training)
56%

Effect sizes = median % point improvement in HW practices

28%
Group problem solving (alone)

15%
Supervision, all types (alone)

33–58%
Certain complex multifaceted approaches*
(but not all complex approaches)

10%
Training, all types (alone)

Printed info or job aids for HWs (alone)

Digital solutions for HWs (combined with other strategies)
8%

Digital solutions for HWs (alone)

1%

1%

* Training + supervision + strengthen infrastructure (e.g., commodities) + other management techniques (e.g., HW meetings) +/- financing/other incentives (e.g., performance-based non-financial incentive, e.g., ID badge & advertising sign after HWs passed a test)

Based on Systematic review: 216 477 citations and selected 670 reports from 337 studies of 118 strategies*
Rowe AK, et al. Effectiveness of strategies to improve health-care provider practices in low-income and middle-income countries: a systematic review. 2018

# Effective performance improvement techniques

- Select interventions based on a formal or informal needs assessment
- **Multifaceted strategies have higher impact:** infrastructure+ supervision+ other management techniques (e.g., supervision, meetings), + training, e.g. STEP program
- Training is more effective when
  - **combined with other strategies** supervision or group problem solving
  - **conducted at the site** where HWs usually work and includes **practice**.
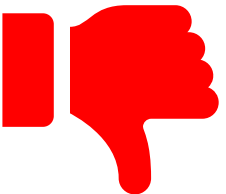
- **Training only or supervision only** generally have moderate effects.
- **Group in-service training alone** (e.g., classroom-based lectures) found only a modest effect and wanes over time.

Based on Systematic review: 216 477 citations and selected 670 reports from 337 studies of 118 strategies*

Five Guiding Principles … and Shifts Needed

FROM...

TO

Impactful

Investing in output-focused "numbers trained" & bureaucratic supervision → Investing in impactful, evidence-based LPM approaches

Country-driven

Investments driven by donor priorities → Co-created, co-funded, coordinated national LPM planning and implementation

Sustainable

Heavily donor-funded programs and isolated pilot projects → Increased use of financial levers and catalytic funding to incentivize and transform LPM

Learner-centric

Developing one size-fits-all LPM solutions in isolation → Co-creating with end-users or engaging in user research to inform solution development

Digitally supported

Heavy reliance on in-person and paper-based LPM approaches → Support LPM approaches with cost-effective, sustainable and contextually appropriate digital solutions, when possible

17th TechNet Conference
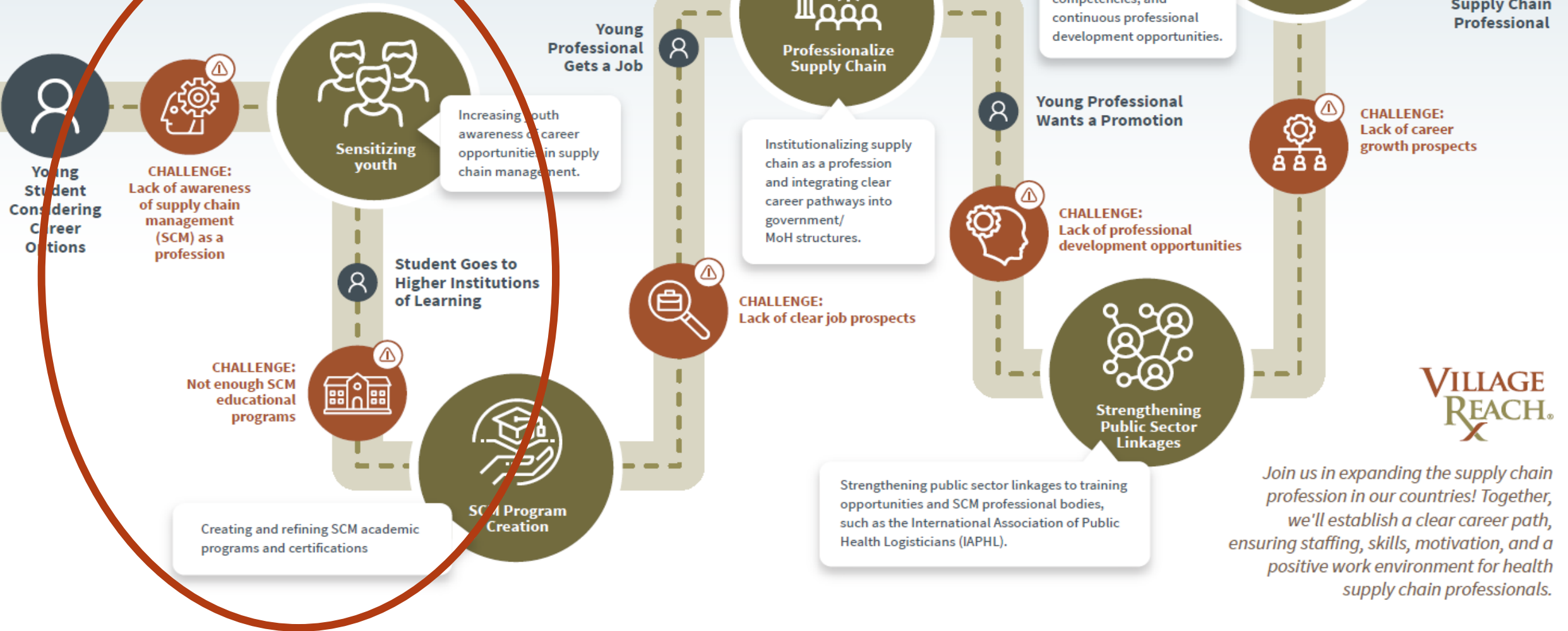Panama City, Panama | October 16-19, 2023

Recommendation: Capacity Development is **not just training**, we also need to shift systems to get youth on the right educational and career paths

The Supply Chain Professional Career Pathway

Follow a young student through their journey to become a health supply chain professional.

Young Student Considering Career Options

CHALLENGE: Lack of awareness of supply chain management (SCM) as a profession

Sensitizing youth
Increasing youth awareness of career opportunities in supply chain management.

Student Goes to Higher Institutions of Learning

CHALLENGE: Not enough SCM educational programs

SCM Program Creation
Creating and refining SCM academic programs and certifications

Young Professional Gets a Job

CHALLENGE: Lack of clear job prospects

Professionalize Supply Chain
Institutionalizing supply chain as a profession and integrating clear career pathways into government/ MoH structures.

Young Professional Wants a Promotion

CHALLENGE: Lack of professional development opportunities

Strengthening Public Sector Linkages
Strengthening public sector linkages to training opportunities and SCM professional bodies, such as the International Association of Public Health Logisticians (IAPHL).

Defining a regulatory framework for ensuring career path, job roles, competencies, and continuous professional development opportunities.

Define Regulatory Framework

CHALLENGE: Lack of career growth prospects

Established Supply Chain Professional

VILLAGE REACH

Join us in expanding the supply chain profession in our countries! Together, we'll establish a clear career path, ensuring staffing, skills, motivation, and a positive work environment for health supply chain professionals.

Shaping supply chain educational pathways

Mozambique

- <u>University of Health Sciences (ISCISA):</u> Support for the development of a 4-year degree curriculum in health supply chain
- First health supply chain mgmt. bachelors degree in Mozambique

Malawi

KÜHNE FOUNDATION

- <u>Malawi College of Health Sciences:</u> Pharmacy Assistant Program; 2-year training new cadre of pharmacy assistants

- <u>LEED:</u> Long term TA partnership to support to high institutions of learning to build a sustainable pipeline of skilled SC workforce *(curriculum design, implementation, educators, etc.)*

DRC

EMPOWER SCHOOL OF HEALTH

- <u>Empower School of Health & ISTM:</u> Empower & VillageReach advising ISTM to revise their Bachelors in supply chain curriculum and implement revised curriculum

<u>Other Partners:</u>

HELP LOGISTICS

PEOPLE THAT DELIVER

BILL & MELINDA GATES foundation

USAID | MALAWI
FROM THE AMERICAN PEOPLE

IAPHL
International Association of Public Health Logisticians

Gender inclusive supply chain workforce

- Women are under-represented in supply chain roles at all levels, particularly leadership

- *"Women took that in order for them to work in logistics, they needed to act like men and behave like men… smoking… being tomboy…in order to survive."*

Countries where leaders are more intentional at improving Health care worker Motivation are also those with better overall system performance

- Exemplars in Global Health

Background - Nigeria

Total Population	213,401,322
Birth Cohort	8,002,758
Surviving Infants	7,570,882
Infant Mortality Rate	72/1000
Child Mortality Rate	114/1000
No. of States	36 + FCT
No of PHC workers(1)	119,050
HCW Density(2)	1.8 per 1,000 population

❑ The health system in Nigeria is labor and capital-intensive. However, it is the health workers' motivation, manifested in their behavior in the workplace, that greatly affects the outcome of the health system.

❑ Nigeria's estimated HCW density is below the WHO threshold density of 4.45 health workers per 1000 people needed to deliver essential health services and achieve universal health coverage.

❑ The quality of health services, their efficacy, efficiency, accessibility, and viability depend on the performance of health professionals delivering these services, so it is important to consider personnel motivation and development a central issue in health policy.

Source:
(1)NPHCDA PHC Information System
(2) HCW Density was calculated using the total population and estimated number of PHC workers

Nigeria Case Study

❑ In June 2022, the country assessed the covid-19 coverage and refined a strategy to accelerate the uptake of the vaccine.

❑ Unique enablers were identified and across all the 36 states and FCT, it was discovered healthcare workers that lacked motivation to conduct vaccination exercise.

❑ The failure to compensate healthcare employees and late payments during periods when payments were made were the main causes of the lack of motivation.

❑ The main reason for the delay and non-payment of healthcare employees was shown to be inaccurate healthcare worker data.

❑ The National Primary Healthcare Development Agency highlighted four critical processes to enable seamless payment to healthcare workers in order to address issue.

Processes to Ensure Seamless Payment of Healthcare Workers

1 Collate payment details of vaccination teams
- The ward focal person is responsible for the collation of payment details of members of the vaccination team

2 Validate obtained payment details
- Ward focal points are required to use a mobile banking application to confirm the accounts of healthcare workers

3 Compute beneficiaries and amount due periodically
- The financial working group (FWG) is tasked with creating an analysis template for performance rewards every two weeks using the immunization information entered into the Electronic Management Immunization Data (EMID) during the period

4 Facilitate payment of performance incentives to identified beneficiaries
- The FWG upon completion of payment template sends to the WHO focal person who proceeds to make payment to the verified healthcare workers

The country also adopted a performance-based incentive as a motivational tool for increased productivity among vaccination teams

1 — Gold Vac. Teams

Requirements

- Meet daily vaccination people of 100 people
- <5% discrepancy between EMID and call-in data submissions

Reward

- Vaccination team cash reward of **₦50,000/team per week**
  - **₦10,000** per vaccinator
  - **₦8,000** per recorder/ validator
  - **₦6,000** per town announcer

2 — Silver Vac. Teams

Requirements

- Meet daily vaccination target of 80 people
- <5% discrepancy between EMID and call-in data submissions

Reward

- Vaccination team cash reward of **₦42,000/team per week**
  - **₦8,000** per vaccinator
  - **₦7,000** per recorder/ validator
  - **₦5,000** per town announcer

3 — Bronze Vac. Teams

Requirements

- Meet daily vaccination target of 60 people
- <5% discrepancy between EMID and call-in data submissions

Reward

- Vaccination team cash reward of **₦33,000/team per week**
  - **₦6,000** per vaccinator
  - **₦5,500** per recorder/ validator
  - **₦4,500** per town announcer

The success of performance-based incentives is anchored on visibility into individual teams' work

Recommendation:
Leadership and change management workforce development interventions provide a **"safe place"** to collaborate.

Leverage the power of *multi-organizational, multi-sectoral collaborations* to **sustain and scale** workforce development interventions.

Strategic Training Executive Program

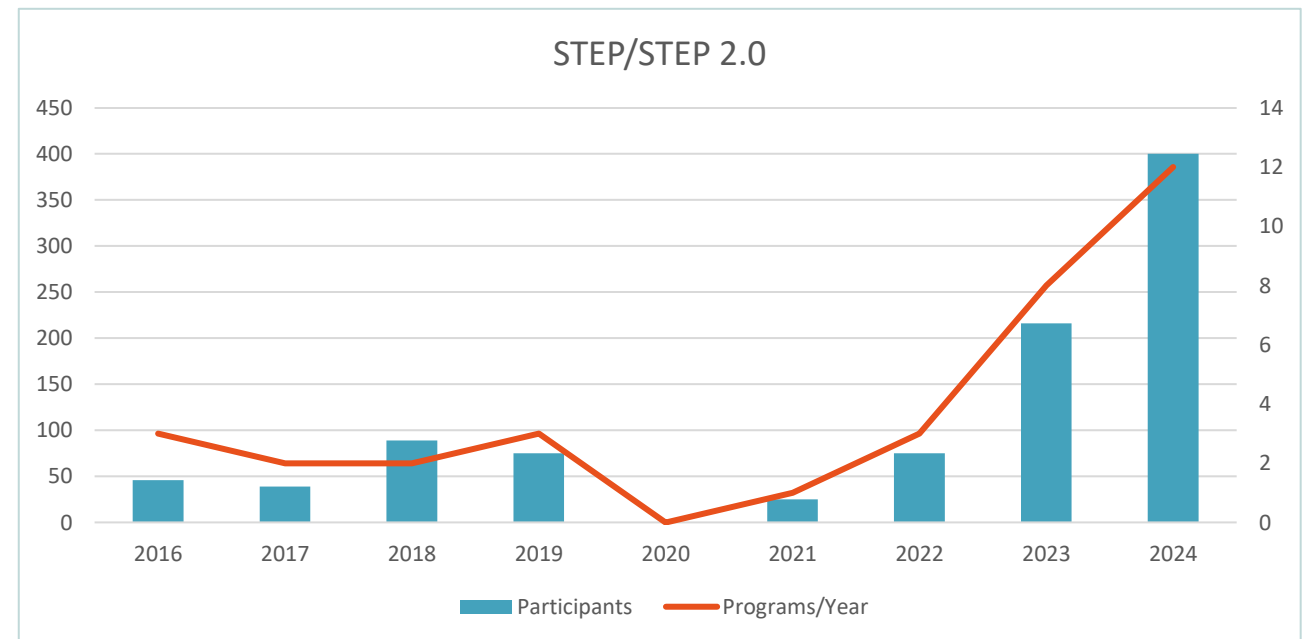(A Leadership Development and Change Management Program)

- **STEP** (1st edition)
  (2016-2020)
  - Gavi

- **STEP Refresh**
  (2019-2020)
  - Insure sustainability
  - Enable scalability

- **STEP 2.0**
  (2021-Current)
  - Gavi
  - The Global Fund
  - USAID
  - IFPW (2022)
  - UNICEF (2023)
  - ???? (Open for others may join)
  - People that Deliver (Secretariat)

What's Step 2.0? | People That Deliver

STEP 2.0 Content

✓ *Strategic Training Executive Programme (1st edition)*
✓ *Transformational Leadership - A Change Management Programme for Supply Chain Executives*
✓ *The Expanded Programme on Immunisation Leadership and Management Programme (EPI-LAMP)*
✓ *Boost Scholar Level 1 Certification in Adaptive Leadership for Immunisation*

Contributors
Gavi, the Vaccine Alliance, USAID, The Global Fund to Fight AIDS, Tuberculous and Malaria, UNICEF, WHO, The People that Deliver Initiative
PATH, Village Reach, Sabin Vaccine Institute, Africa Resource Centre
The University of Global Health Equity, Yale University
IFPW, GSK, Johnson and Johnson, UPS

STEP/STEP 2.0

	Participants	Programs/Year
2016	45	3
2017	38	2
2018	88	2
2019	75	3
2020	0	0
2021	25	1
2022	75	3
2023	215	8
2024	400	12

STEP 2.0 collaboration Key points

Leadership and change management workforce development interventions are a "safe place" for collaboration (though other areas should be explored)

> with other donors
> with other implementing partners
> with academia
> with the private sector

An administrative body is required to oversee the collaborative group

- with policy and governance practices agreed upon and established
- with sufficient and sustained financial support

Closing thought: Why don't we see more cross-organizational, cross-sectoral collaboration?

Thank You!

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