

The Workforce Development in Public Health Supply Chains



Background

The project's goal is to improve the effectiveness, sustainability, and resilience of public health supply chains for essential medicines and supplies in East Africa and beyond through professionalization, shaping of workforce culture for more robust supply and demand planning and supply chain visibility.

While national health supply chains have made tremendous gains in their maturity, some still lack the transformational capacity to lead, manage, and sustain resilient supply chains required to achieve national universal health goals and withstand global disruptions such as COVID.

Project Summary

Through this project funded by the Bill & Melinda Gates Foundation, inSupply will seek and advocate to professionalize the supply chain workforce and shape the culture for more robust supply and demand planning and supply chain visibility.

The project focuses on gender intentionality and social inclusion, ensuring women and other marginalized populations are better represented in the supply chain workforce, including leadership positions. With strengthened supply chain management skills and expertise, enhanced data equity, visibility, and use through more effective processes and tools, these populations can help shape the markets and product journeys to better meet their and their community's needs and preferences, leading to improved outcomes.

The Workforce Development in Public Health Supply Chains project will operate primarily in East Africa, specifically in Kenya and Tanzania, and will actively seek to share and promote uptake of global goods. inSupply will seek partnerships with 2-3 countries in the region to expand its reach and impact by sharing project learnings, resources, and tools. The project will shape how supply chains are conceived and implemented and technical assistance is delivered to improve the performance of public health supply chains for essential medicines.

Project Objectives



Objective 1

Equip health workers, including women and those from marginalized populations with the required technical and behavioral expertise to routinely apply context-specific supply chain management practices in their work

Challenge: Reproductive Health Coordinators and Expanded Program of Immunization focal staff in hospitals are expected to provide on-job training to newly posted staff and nursing interns on rotation in their department to equip them with commodity management skills which the newcomers often lack. The interns do not understand the importance of supply chain management since this is not taught in school. Due to high workloads, the focal staff have to also deal with poor attitudes among some nurses who do not consider supply chain management part of their core role and thus are not motivated to take on critical supply chain tasks.

Problem we are solving: Detailed understanding health worker experiences and perspectives, the barriers – including gender, socioeconomic, motivation and incentives – that prevent changes from occurring, and other factors that prevent them from upskilling and undertaking routine supply chain tasks. Solutions that exist were developed with ideal scenarios in mind, not acknowledging the realities faced by thousands of overburdened health care workers.



Objective 2

Develop and strengthen operational processes and tools to enhance data equity and support real-time data visibility, accessibility and use among supply chain professionals and multi-sectoral stakeholders for improved decision-making and supply chain outcomes, and to empower and serve underrepresented and diverse users including women.

Challenge: While there is a data culture among the county health management team (CHMT), there is limited ownership and understanding of the importance and use of the data at the sub-county and facility level. Staff in subcounties often have outdated versions of reports, or have not been trained because they were not onboard during national training. Since the supply of FP products is unpredictable, facilities are not able to report actual data and instead hoard commodities such as implants due to uncertainty of the next shipment. They are also overstocked on oral pills, but keep receiving more shipments from KEMSA. This overstocking leads to expiries, adds to costs of redistribution.

Problem we are solving: Access to supply chain data for decision making by reducing the barriers to data use. Data use culture for the supply chains characterized by limited ownership and understanding of importance of data use.



Objective 3

Identify and recommend a contextualized framework for professionalization of supply chain workforces, including for women and marginalized populations that adequately meet the needs of the health supply chain/health program.

Challenge: There is high attrition and transfer of trained staff and low motivation of the health workers in supply chain roles as these are perceived as additional responsibilities that do not attract appropriate acknowledgement and recognition. Building the capacity of the non-traditional supply chain practitioners to manage commodities effectively requires time, resources, constant mentorship as well as sensitization on the importance of their role to the performance of the supply chain.

Problem we are solving: In public health settings, supply chain professionals often lack a clear career path, compared with other professions, where workers who gain more knowledge and experience can find more senior, responsible, and better compensated roles. The recognition of supply chain responsibilities by different professional associations and in the government schemes of service will play an important role in improving skills, competencies and possibly even behaviour and motivation of health workers in undertaking supply chain tasks routinely and effectively. The lack of a supply chain professional cadre creates gaps in qualifications for supply chain specific roles, especially for supply chain leadership, planning and decision making, and contributes to the low performance of supply chain systems.



Objective 4

Enable inSupply to expand geography and partner reach, share and promote uptake of global goods, and shape how supply chains are conceived and implemented, and technical assistance delivered in East Africa to improve the performance of public health supply chains for essential medicines and supplies.

Challenge: Electronic logistics systems are fragmented and still being strengthened, but increasingly includes data that allows managers to see the supply situation at different levels. However despite data being increasingly available there are inefficiencies, stock imbalances and challenges that commodity managers cannot proactively solve or prevent because they have limited supply chain skills, including effective data analysis or knowledge of basic strategies to improve performance.

Problem we are solving:

- Organizations in SSA are transforming the way that development programs, and supply chain systems are designed, implemented and supported. They face similar general challenges - such as absorptive capacity for large grants, differing (and externally applied) definitions of what it means to be a local organization, and limited business and financial support to grow organizations appropriately for

context – specific challenges for building domain expertise vary significantly by organization.

- Supply Chain professionals lack the skills, tools approaches to help Supply Chains evolve and grow to the next level of maturity.
- Lack of local and regional supply chain talent equipped to design and strengthen health supply chains holistically and strategically in partnership with governments and key stakeholders.
- Lack of required skills across multiple areas (e.g. supply chain design, data science, change management) which isn't a focus of local educational and training systems and no opportunities to apply this new skills if in any case acquired.
- The talent base of East African health professionals who offer breadth and depth of supply chain expertise, and who think outside of donor-supported and project frameworks for improving and contextualizing supply chains is lean.



Objective 5

Equip health workers, including women and those from marginalized populations with the required technical and behavioral expertise to routinely apply context-specific supply chain management practices in their work

Challenge: Supply chain concepts are applicable in all program areas but have not been applied systematically. Different partners have supported the counties in using data for supply chain management but it is so difficult for the counties to use that data for procurement of commodities since county leadership have their own priorities for resource allocation. This has led to frequent stockouts of commodities and clients losing faith in service delivery.

Problem we are solving:

- Health as a low priority by local leaders, partly since health technical teams are not equipped to make an evidence based case.
- Low visibility into key financial information. Lack of knowledge of county and national total resource envelope, especially contributions by donors and private expenditures, limiting their ability to track, account for or allocate these resources.
- Opaque understanding of flow of funds and processes around release and use of funds for essential medicines and supplies.
- Low capacity to conduct demand planning, provide comprehensive requirements to guide resource mobilization or county health investment efforts.
- Low product availability around ensuring the availability of health products at the last mile (including at level 2 and 3 facilities), and minimizing stockouts.



info@insupplyhealth.com



<https://insupplyhealth.com/>