



# The people factor: An analysis of the human resources landscape for immunization supply chain management <sup>☆</sup>



Musonda Kasonde <sup>a,\*</sup>, Pamela Steele <sup>b</sup>

<sup>a</sup> UNICEF Supply Division, Copenhagen, Denmark

<sup>b</sup> Pamela Steele Associates, Oxford, United Kingdom

## ARTICLE INFO

### Keywords:

Human resources  
Workforce  
Leadership  
Capacity development  
Training  
Professionalisation  
Strategy  
Incentives  
Performance

## ABSTRACT

Human resources is the backbone of any system and the key enabler for all other functions to effectively perform. This is no different with the Immunization Supply Chain, more so in today's complex operating environment with the increasing strain caused by new vaccines and expanding immunization programmes (Source: WHO, UNICEF).

In order to drive the change that is required for sustainability and continuous improvement, every immunization supply chain needs an effective leader. A dedicated and competent immunization supply chain leader with adequate numbers of skilled, accountable, motivated and empowered personnel at all levels of the health system to overcome existing and emerging immunization supply chain (ISC) challenges. Without an effective supply chain leader supported by capable and motivated staff, none of the interventions designed to strengthen the supply chain can be effective or sustainable (Source: Gavi Alliance SC Strategy 2014).

This landscape analysis was preceded by an HR Evidence Review (March 2014) and has served to inform global partner strategies and country activities, as well as highlight where most support is required. The study also aimed to define the status quo in order to create some form of baseline against which to measure the impact of interventions related to HR going forward.

The analysis was comprised of a comprehensive desk review, a survey of 40 respondents from 32 countries and consultations with ISC practitioners in several forums.

The findings highlight key areas that should inform the pillars of a HR capacity development plan. At the same time, it revealed that there are some positive examples of where countries are actively addressing some of the issues identified and putting in place mechanisms and structures to optimize the SC function.

© 2017 Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

Human resources (HR) is the backbone of any supply chain system and the key enabler for all other functions to effectively perform. This is no different with the immunization supply chain (ISC), more so in today's complex operating environment with the increasing strain caused by new vaccines and expanding immunization programmes (Source: WHO, UNICEF).

In order to drive the change that is required for sustainability and continuous improvement, every immunization supply chain needs an effective leader: a dedicated and competent immunization supply chain leader with adequate numbers of skilled, accountable, motivated and empowered personnel at all levels of

the health system, fully equipped to overcome existing and emerging ISC challenges. Without an effective supply chain leader, supported by capable and motivated staff, none of the interventions designed to strengthen the supply chain can be effective or sustainable (Source: Gavi, the Vaccine Alliance SC Strategy 2014).

This landscape analysis was preceded by an HR Evidence Review (March 2014) and has served to inform global partner strategies and country activities, as well as highlight where most support is required. The study also aimed to define the status quo in order to create a baseline against which to measure the impact of interventions related to HR going forward.

## 2. Methodology

The assessment and analysis methodology was comprised of three components: (1) a review of the literature on HR in supply

<sup>☆</sup> Open Access provided for this article by the Gates Foundation.

\* Corresponding author.

E-mail address: [mkasonde@unicef.org](mailto:mkasonde@unicef.org) (M. Kasonde).

chain management (SCM), to understand some of the already existing theories and practices, and also to inform the structure and content of the questions that needed to be answered; (2) a survey of practitioners involved in immunization supply chains comprised of several focus areas covering various aspects of leadership, management, HR organization, policies and practice; and (3) a presentation to and validation of the findings with key stakeholders. Initially one-on-one interviews with selected stakeholders were also planned. However, these did not take place due to time constraints.

The desk review [13] provided useful background that informed the approach to the survey that was launched in May 2015 and ran for six weeks in both English and French. The survey protocol consisted of seven areas of investigation, which were aligned to the existing literature on HR management and SCM, both in the private sector and in the context of immunization/vaccine programmes: (1) supply chain leadership and management; (2) supply chain organization, policies and procedures; (3) professionalization; (4) training and development; (5) incentives and performance management; (6) supply chain strategy implementation; and (7) supply chain data and decision-making.

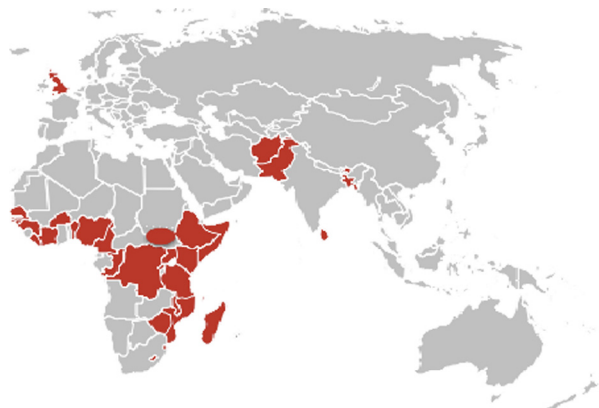
The questionnaire was web-based with the design and content informed by existing literature, reference documents provided by UNICEF and People that Deliver (PtD), the extensive experience of the lead consultant and key partners working to strengthen HR for SCM.

### 3. Results

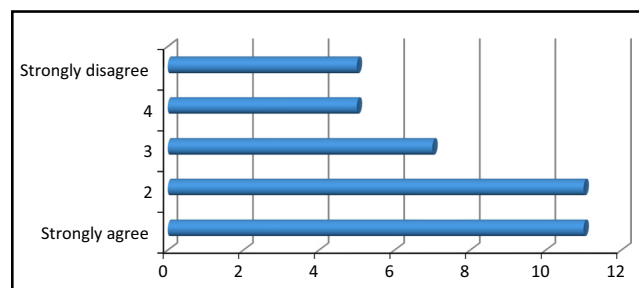
The survey results were drawn from responses from forty (40) practitioners representing thirty-two (32) countries, including pharmacists, medical doctors, nurses, public health officers, engineers/health technicians, supply chain specialists and general management. Whilst all respondents were actively engaged in SCM of health commodities, 72% of them dealt with vaccines. Fifty per cent of the respondents were from Ministries of Health (MOH) whilst the rest of the responses came from country based partners and NGOs. Respondents operated at national and sub-national level (see Fig. 1).

#### 3.1. Supply chain leadership and management

The first part of the survey was designed to identify the authority responsible for leading and making decisions on in-country supply chain activities and systems-strengthening interventions.



**Fig. 1.** Geographical spread of the survey respondents: four respondents in Congo; three respondents in Nigeria; two respondents in Afghanistan, Malawi, South Sudan; one respondent in Bangladesh, Benin, Bhutan, Burkina Faso, Cameroon, Comoros, Côte d'Ivoire, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Mozambique, Pakistan, Rwanda, Senegal, Somalia, Sri Lanka, Swaziland, Tanzania, Tonga, Uganda, United Kingdom, Zimbabwe.



**Fig. 2.** Supply Chain is a priority for MOH (1 = Strongly agree, 5 = Strongly disagree).

The majority of respondents (56%) clearly agreed that supply chain was a priority for the MOH (see Fig. 2). Sixty-six per cent of respondents indicated that there is an ISC manager in the country. These managers, where they exist, tend to work at the national level within the Expanded Programme on Immunization (EPI) office. The survey results did not reveal the size of budgets allocations for logistics and supply chain operations. Whilst 30% of respondents stated that they did control a budget, 15% of respondents indicated that they themselves did not control any budget and 55% did not answer the question. Nearly 50% of countries/MOHs had a supply chain strategy and/or plan.

Nearly half (47%) of respondents reported the existence of a National Logistics Working Groups in their respective country. Thirty-eight per cent said there was no such group and 15% did not know (see Fig. 3). Respondents who reported the existence of NLWGs said these were composed of MOH staff and partner organizations, e.g., UNICEF, World Health Organization (WHO), Clinton Health Access Initiative (CHAI) and civil society organizations (CSOs).

In Uganda and Nigeria, the working groups were particularly active and reported to National Immunization Coordinating Committees.

The responses suggest that working groups are effective, as they enhance co-ordination. One respondent mentioned that in his country, the technical input of the working group is relied upon to make high level decisions.

#### 3.2. Supply chain organization, policies and procedures

The questions in this part of the survey sought to examine where countries stood in terms of the SC organizational structure, interfaces with the broader MOH and other relevant government structures, and how the national level relates to sub-national levels in order to better determine the causal effect between how the SC is organized and overall performance. This included an examination of the policies and procedures that were in place to support the function.

Fifty per cent of respondents stated that current HR structures adequately support SC functions and delivery requirements compared to 40% who stated that they did not; 10% were not sure. Nine survey participants reported that there are lines of reporting and communication between the different levels but the effectiveness of the communication and reporting is limited with no feedback mechanisms to lower levels. Only 33% agreed that there are clear and detailed HR policies, defined pay scales and standard operating procedures (SOPs).

There was limited evidence of a dedicated logistics unit/department within the MOH. There was no clear evidence that logistics and supply chain management is given a strategic position within immunization programmes. A respondent from Zimbabwe, for example, reported the following structure:

Download English Version:

<https://daneshyari.com/en/article/5537512>

Download Persian Version:

<https://daneshyari.com/article/5537512>

[Daneshyari.com](https://daneshyari.com)