

Applying the HRH Action Framework to Develop Sustainable Excellence in the Health Supply Chain Workforce

Richard Seifman and Rebecca Bailey, IntraHealth International; and Erin Hasselberg, Supply Chain Management System (SCMS)

To ensure that medicines and other health commodities reach the people who need them and contribute to improved health, people in the supply chain management (SCM) field must understand and apply effective approaches for developing and managing supply chain workforces. At the same time, those in the human resources for health (HRH) arena must recognize the crucial role of SCM in health service delivery and ensure that HRH policies, strategies, and plans systematically incorporate the supply chain workforce.

The objective of this technical brief is to create a bridge between the SCM and HRH communities by describing how the HRH Action Framework can be applied to strengthen the health supply chain workforce, drawing on lessons learned and successes from applications in the health sector.

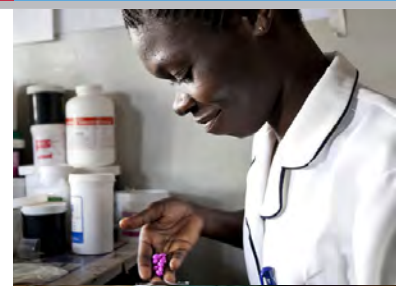
Why the health supply chain workforce matters

Strong health supply chains are central to positive health outcomes. Health supply chains are people supply chains, depending not only on financial and technical inputs but also on competent, recognized, and empowered individuals to ensure that essential medicines and health commodities reach the people who need them—and save lives.

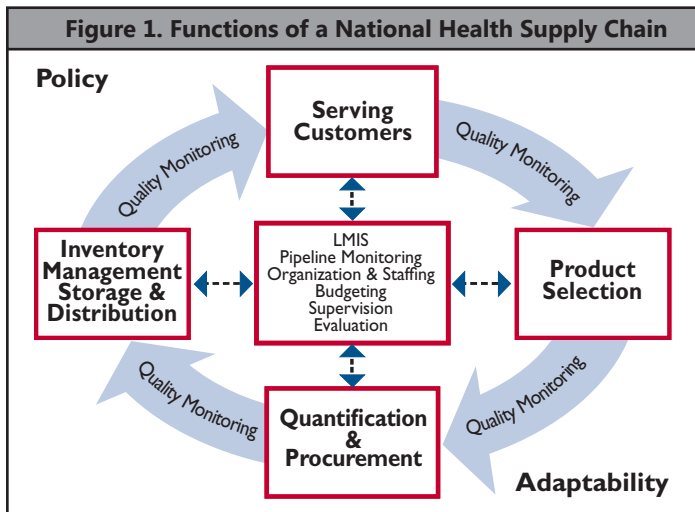
Every year development partners and national governments spend billions of dollars procuring medicines and other essential health commodities, such as diagnostic tests and clean delivery kits, for low-income countries. Yet all too often these critical supplies do not reach the people who need them, resulting in at least one-third of the world's population without regular access to essential medicines (World Health Organization 2011a).

To overcome this situation, supply chain workforces must be planned, financed, developed, and supported with the aim of securing equitable and sustainable access to life-saving medicines and health commodities. Within the workforce, technical, policy, planning, logistics, and budgeting competencies are needed for appropriate product selection, forecasting and procurement, storage, distribution, and ultimately use by health facilities, health workers, and consumers or patients.

The supply chain workforce includes a variety of people who are dedicated to fulfilling these functions at national, district, and health facility levels, such as pharmacists, logisticians, supply chain managers, data managers, and warehouse and transport personnel. It also includes key personnel who contribute only a portion of their time to supply chain functions, such as doctors, nurses, and other clinical and administrative



staff, all of whom function within a coordinated system to provide appropriate, effective, and affordable medicines and commodities. Figure 1 presents the functions of a national health supply chain.



Source: USAID | DELIVER Project 2010

The HRH Action Framework and its application to the health supply chain workforce

The HRH Action Framework (www.capacityproject.org/framework)—also known as the HAF—depicts an approach for planning, developing, and managing the health workforce. The HAF can be used to guide stakeholders in a number of sectors toward the application of strategies to achieve an effective and sustainable health workforce. The ultimate goal of the proposed activities is a health workforce that is able to deliver equitable, efficient, effective, and quality health services and, thereby, improve health outcomes. It is important to note that the framework is not intended as a stand-alone effort, but should be used in conjunction with other tools and guidance.

The HAF has been used successfully in many countries to address systemic challenges in the general health workforce. For example, Uganda improved its HRH Strategic Plan 2005–2020 by applying a comprehensive HAF approach that led to interventions and significant funding for health workforce strengthening from the national budget and the World Bank. For Kenya’s North Eastern Province, the HAF approach provided the basis for a provincial action plan with the objective of producing adequate numbers of skilled and motivated health workers equitably distributed. The plan was subsequently incorporated into the national HR strategy and resulted in increased financing for the health workforce (Global Health Workforce Alliance, USAID, and World Health Organization 2009).

The HRH Action Framework action cycle

Optimally the process for applying the HAF involves implementing an HRH situational analysis using tools

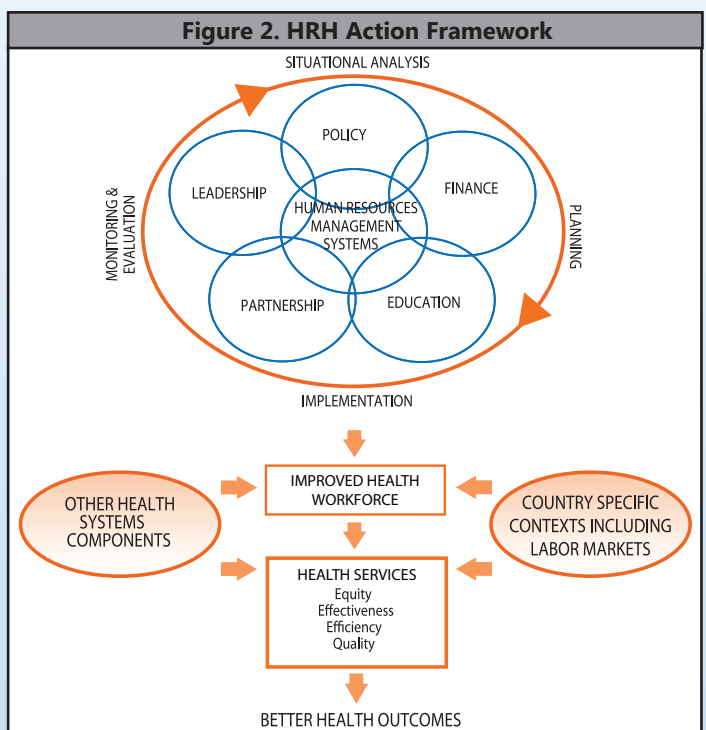
developed by the World Health Organization (n.d.) and others; applying the results of the situational analysis for strategy and operational workforce planning; identifying implementation and supervision responsibilities; and establishing routine monitoring and evaluation systems for the health workforce. To facilitate the situational analysis for the supply chain workforce, the USAID | DELIVER Project and the People that Deliver initiative (2013) developed an assessment guide and tool to provide a rapid, comprehensive assessment of the capacity of the human resources support system for a country’s supply chain.

Six interdependent action fields form the core of the HAF. For each one, we have identified an achievable activity as an illustrative step in moving forward the process of strengthening HRH for SCM.

Human resources management systems

Within the HAF’s action field of human resources management systems, there are three management areas of key importance: HRH information; workforce planning; and performance management and retention.

HRH information: Effective HRH management generally, and for the health supply chain in particular, requires an information system that provides reliable data to plan for necessary staff, train, appraise staff performance, and provide salaries and incentives for their retention. It is the basis for understanding system-wide requirements, taking appropriate action, and monitoring and evaluating the results. Many countries use or are planning to use human resources information systems—such as CapacityPlus’s iHRIS health workforce information software and tools—that track the number, posting, and staffing gaps of



Source: Global Health Workforce Alliance, USAID, and World Health Organization n.d.

doctors, nurses, and other health workers. Existing systems seldom include data on nonclinical and support workforce personnel who are critical to the supply chain. For example, a World Health Organization (2011b) HRH assessment tool makes no mention of support workers who manage supply chains.

- **Achievable activity:** *SCM and HRH personnel jointly gather available data on SCM staff to systematically incorporate the data into human resources information systems.*

Workforce planning: This entails an understanding of health system-wide needs for supply chain management, covering both the public and private sectors. With regard to the public sector, planning would be reflected in a set of staffing norms and position descriptions. These essential elements should be accompanied by active recruitment and the hiring of qualified staff, as well as training those staff that have some supply chain responsibilities. It means looking at the supply chain needs at the multiple and varied levels of the health system and then employing health staff with supply chain competencies matched to their assigned positions. The World Health Organization's (2010) Workload Indicators of Staffing Need (WISN) approach and tool can be used to determine how many workers of a particular type are required to cope with the workload of a given facility. For example, the Government of Namibia applied the WISN approach to a range of health facilities, including a regional medical depot, in order to estimate the impact that a new treatment regimen for HIV/AIDS would have on the staffing needs for several health worker cadres. A similar exercise can be done to estimate staffing needs for key supply chain tasks at different levels of the health system, such as the central medical stores or district hospitals.

- **Achievable activity:** *Estimate staffing needs and review SCM staffing plans for public health facilities at national, district, and health facility levels of the health system.*

Performance management and retention: Any health staff having supply chain responsibilities should understand their assigned tasks and be guided by up-to-date job descriptions and supportive supervision. To reduce turnover of supply chain workers, leaders need to provide clear career paths with financial and nonfinancial incentives and career development opportunities based on performance, as well as adequate workplace environments and working conditions. The net result will be greater supply chain productivity, reduced turnover of staff, and a sound basis on which to appraise the performance of any health staff with SCM responsibilities. Burkina Faso has a supply chain system that includes a semiautonomous entity, the *Centrale d'Achat des Médicaments Essentiels Génériques* (CAMEG), which is staffed by both public servants and non-public-sector personnel. It provides

differentiated levels of technical responsibilities and a comprehensive employment package, including incentives and rewards for good performance. Uganda's Ministry of Health, Pharmacy Division, with assistance from the USAID-funded Securing Ugandans' Right to Essential Medicines Program (SURE), has developed and implemented a central database that tracks activities using trained health supervisors (known as medicines management supervisors). These health supervisors collect detailed facility-level supply chain worker performance assessment information, for the purpose of improving the management of medicines and other supplies at health facilities and guiding decision-making processes at the facility, district, and national levels (see sidebar). CapacityPlus's Rapid Retention Survey Toolkit (Jaskiewicz et al. 2012) outlines a process for creating evidence-based incentive packages for the attraction and retention of health workers. This approach, which is based on the discrete choice experiment methodology, can be applied not only to clinical workers but also to supply chain workers.

- **Achievable activity:** *Consider what job descriptions and instructions (if any) are provided to supervisors to take into account SCM tasks in reviewing worker performance.*

Leadership

Leaders from both the SCM and HRH communities need to take action toward the development of efficient, effective, and sustainable health supply chains. The Ministry of Health has the principal responsibility for the health supply chain workforce direction, including setting goals, developing HRH policies, strategies, and plans, and mobilizing champions. Strong leadership and commitment from the Ministry and its senior staff, and a willingness to advocate for a competent supply chain workforce with other public-sector institutions and nongovernment stakeholders, is vital. Supportive supply chain leadership is needed from the minister of health and senior health officials, certainly those engaged in HRH policies, planning, and budgeting, but also at departmental, regional centers, and health facility levels. This entails not only having an HRH unit in the Ministry of Health but making sure this unit is cognizant of SCM needs, and working in concert with the SCM unit. Some countries are moving toward more effective SCM systems; in Rwanda, the Logistics Management Unit is hiring qualified staff, and Liberia and Zambia have Logistics Management Units in charge of all SCM functions.

- **Achievable activity:** *Organize a technical working group consisting of Ministry of Health supply chain, human resources, and budget and planning staff, to produce a concept note with action recommendations for Ministry leadership on the SCM workforce.*

Partnership

To effectively respond to national health goals, relevant government sectors must have a shared vision and a readiness to play their part. Not only the health sector but finance, labor, social welfare, commerce, and others must take ownership of the national health strategy. Further, public health supply chains need formal and informal linkages with key stakeholders such as donors, nongovernmental organizations, faith-based organizations, professional associations, consumer/patient organizations, and other countries. In some countries the private sector is the largest provider of health supplies; in others, the public sector outsources significant aspects of the supply chain. Thus the linkages with the full range of nongovernment stakeholders are important and can be achieved through formal mechanisms and/or creating special opportunities for coordination and support. In some countries donors and partners meet regularly based on specific commodities and program needs (e.g., family planning or HIV/AIDS), or use health sector-wide occasions to raise supply chain and human resources developments. The Global Health Workforce Alliance's Country Coordination and Facilitation (CCF) approach is designed to support countries in building partnerships to advance an integrated health workforce response. An evaluation and an assessment of the approach in 2012 in selected countries found that the CCF approach contributed to tangible improved program outcomes including improved HRH management capabilities and increased health sector spending. CCF is an opportunity for SCM to contribute to building consensus and creating common ownership of a health workforce strategy that includes the SCM workforce (Global Health Workforce Alliance 2011; 2012a; 2012b).

There are also opportunities to share SCM expertise and experience across countries, at both global and regional levels. People that Deliver is a global partnership of organizations committed to raising the profile of human resources for SCM as a strategic function of health systems. One example of a regional-level SCM partnership is the 2013 Latin American and Caribbean regional HIV/AIDS commodity security collaboration, which involved four country teams, donors, technical assistance agencies, and nongovernmental organizations (Puckett 2013). Utilizing the HRH Action Framework as a backdrop, it resulted in agreed-upon short-term supply chain actions and two-year strategies for each country.

- **Achievable activity:** *SCM and HRH personnel identify key country stakeholders to approach in advocating supply chain management improvements. Key SCM stakeholders are asked to join the national HRH partners forum, observatory, or other CCF-type mechanism.*

Finance

In most cases building an effective health supply chain workforce will require additional financial commitments or more efficient use of available funding. Investing in the supply chain workforce will pay off with improvements in the efficiency and effectiveness of the health system as a whole. Those in the health sector, and those who manage national and subnational financial resources, must be made aware of strategic, evidence-based requests for increased supply chain human resources and associated long-term funding. In those countries where donors provide separate funding for commodities but do not provide the financing for needed staff, the public-sector budgeting process needs to take supply chain staff funding needs into account and budget for them. In some instances financing is provided by external donors and the country has opted to outsource SCM functions to a nongovernment entity. In Senegal and Madagascar the

Uganda's Supervision Performance Assessment and Recognition Strategy (SPARS)

In 2010-2011 Uganda adopted a national capacity-building strategy, SPARS, to improve management of medicines and health supplies at health facilities based on regular information on performance at facility, district, and national levels, as a means to identify progress and areas in need of improvement. SPARS includes 25 performance indicators categorized into five components, which track dispensing quality, prescribing quality, stock management, storage management, and ordering and reporting quality. Each facility is assessed by a trained district staff member who mentors facility staff to improve on weak areas. The facility report is then integrated into a quarterly district report and subsequently into national reports. A spider graph is updated and displayed each time a facility is supervised.

The Uganda Ministry of Health, Pharmacy Division is responsible for SPARS implementation. SPARS was developed with support from the Securing Ugandans' Rights to Essential Medicines program.



Source: Uganda Ministry of Health 2013

governments contracted with nongovernmental organizations to deliver community-based nutrition interventions for improved health; the Democratic Republic of the Congo outsourced to the United National Development Program supply chain functions, from procurement to final distribution, for health commodities financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria; authorities in Uganda have decided to pilot outsourcing the “last mile” delivery; and Ethiopia has outsourced some of its supply chain tasks to a private entity (USAID | DELIVER Project 2010).

- **Achievable activity:** *Review the national budget planning process to determine when and how to develop proposals for budget support to HRH for SCM.*

Education and training

Some countries look to supply chain managers, others to health cadres such as pharmacists, to manage the supply chain with support from health workers with other educational or vocational backgrounds. Education and training programs and institutions—for both health sciences and management—should offer courses tied to health supply chain needs, standardize training for those already engaged in supply chain activities, and standardize in-service training and continuing education. Given that virtually all clinicians will engage in supply chain tasks during their professional life, SCM basics should be included in every health professional’s education. Many countries have integrated supply chain competencies into existing curricula, rather than provide separate and specialized education. For example, in 2012 SCM of health commodities was introduced into the curriculum of the National University of Rwanda’s Pharmacy Department in response to Ministry of Health needs (USAID | DELIVER Project n.d.). Establishment of regional training institutes that offer supply chain logistics courses in low-income countries is one example of a successful capacity-building intervention that is both locally driven and sustainable. People that Deliver has compiled a supply chain competency compendium that, while recognizing the need for a cadre of professional supply chain managers, focuses on the supply chain skills and knowledge needed by different types of workers at different levels of the health system.

- **Achievable activity:** *Determine what regular courses and training opportunities exist, or could be created, for supply chain managers as well as health workers who devote considerable time to supply chain tasks.*

Policy

Health-sector policy-makers need to recognize that a competent and productive supply chain workforce is a crucial building block of national health system performance and should be addressed in national health policy discussions and decisions. The functionality of a national

health supply chain warrants an assessment of existing policies and a consideration of which new policies could be integrated to support efforts to professionalize and empower supply chain personnel, as well as how the system can upgrade qualified personnel at key health levels, and where the greatest weaknesses are. National HRH observatories, which have been established in many countries to produce, analyze, and share HRH knowledge and tools, can provide core data and information needed to drive forward policy development and change (WHO 2011b). Policy reviews could focus on the central medical store system and outsourcing options, or task-sharing arrangements, but there are many other areas warranting attention.

Zimbabwe’s Delivery Team Topping Up (DTTU) distribution system is one example of how an innovative supply chain approach can reinforce national policy and benefit health services. To support the implementation of national HIV/AIDS and family planning policies, trained drivers and technical staff provide inventory “topping up” of health products in quantities needed on a timely basis to meet facility needs, contributing to significant decreases in stockout rates for essential primary health care medicines and medical supplies (USAID | DELIVER Project 2008).

Countries would benefit from establishing human resources policies that recognize supply chain workers, especially those in management positions, as professional members of national and district health teams, requiring a specific skill set and training, who should be actively recruited and retained. A policy decision and implementation to include the tracking of health supply chain workers in a human resources information system would provide a sound basis for decision-makers to determine staffing needs, both for supply chain managers and other workers who have supply chain responsibilities.

- **Achievable activity:** *Review existing health policy and strategy documents, and any plans for their revision, with a view toward strengthening policies, strategies, and plans for the supply chain workforce.*

Conclusion

An effective supply chain is a cornerstone of any successful health care system. While infrastructure and facilities are absolutely necessary to a functioning supply chain, equally crucial is a competent, motivated, and supported workforce that is able to respond in a timely and sustainable manner with the quality and quantity of supplies needed to address national health care needs. SCM and HRH technical specialists and decision-makers will achieve significant mutual benefit by applying the HRH Action Framework to develop and support the supply chain workforce. The framework promotes the collection and use of up-to-date HRH information to develop workforce policies, strategies, and plans that include provisions for performance management and retention and are supported by

budgetary commitments to create, improve, and sustain the supply chain workforce. It highlights a number of areas where supply chain and HRH specialists have interests in common, and where their attention to the supply chain workforce and ways to strengthen it will benefit health system performance. As in most instances, the approach and the priority issues to be addressed will be those best-suited to the country context.

References

- Global Health Workforce Alliance. 2012a. Rapid assessment of the effectiveness of the country coordination and facilitation (CCF) process in Sudan, Zimbabwe, and Zambia: Consolidated report. Geneva, Switzerland: Global Health Workforce Alliance. http://www.who.int/workforcealliance/media/news/2012/CCFrapidassessment_SudanZambiaZimbabwe.pdf (accessed August 29, 2013).
- Global Health Workforce Alliance. 2012b. The Alliance's country coordination and facilitation approach receives top marks in recent evaluations. <http://www.who.int/workforcealliance/media/news/2012/ccfeval2012/en/index.html> (accessed August 29, 2013).
- Global Health Workforce Alliance. 2011. Country coordination and facilitation (CCF): Principles and process. Geneva, Switzerland: Global Health Workforce Alliance. http://www.who.int/workforcealliance/knowledge/resources/CCF_Principles_Processes_web.pdf (accessed August 29, 2013).
- Global Health Workforce Alliance, USAID, and World Health Organization. 2009. Human resources for health action framework (HAF): A guide to develop and implement strategies to achieve an effective and sustainable health workforce. Cambridge, MA: Management Sciences for Health. http://www.msh.org/sites/msh.org/files/HRM-Health-Action-Framework_7-28-10_web.pdf
- Global Health Workforce Alliance, USAID, and World Health Organization. n.d. HRH action framework. <http://www.capacityproject.org/framework/> (accessed August 30, 2013).
- Jaskiewicz, Wanda, Rachel Deussom, Laura Wurts, and George Mgomella. 2012. Rapid retention survey toolkit: Designing evidence-based incentives for health workers. Washington, DC: CapacityPlus. http://www.capacityplus.org/files/resources/Rapid_Retention_Survey_Toolkit.pdf (accessed October 15, 2013).
- Puckett, Amanda. 2013. Ensuring access to HIV/AIDS commodities in Latin America and the Caribbean. Washington, DC: CapacityPlus. <http://www.capacityplus.org/security-briefs-LAC-experts-gather-to-discuss-hiv-aids-commodities> (accessed August 30, 2013).
- Uganda Ministry of Health. 2013. National supervision performance assessment and recognition strategy report (SPARS). Circular No: ADM/45273/01. Kampala, Uganda: Ministry of Health.
- USAID | DELIVER Project. 2010. Emerging trends in supply chain management: Outsourcing public health logistics in developing countries. Arlington, VA: USAID | DELIVER Project. http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/EmerTrenSCM_Outs.pdf (accessed August 29, 2013).
- USAID | DELIVER Project. 2008. Delivery team topping up: Bringing about reliable distribution in difficult environments. Arlington, VA: USAID | DELIVER Project. <http://www.jsi.com/JSIInternet/Features/article/display.cfm?thisSection=Features&thisSectionTitle=Features&thisPage=stories&ctid=1030&cid=267&tid=20&id=396> (accessed August 30, 2013).
- USAID | DELIVER Project. n.d. Rwanda summary. http://deliver.jsi.com/dhome/countries/countrynews?p_persp=PERSP_DLVR_CNTRY_RW (accessed August 29, 2013).
- USAID | DELIVER Project and People that Deliver. 2013. Human resource capacity development in public health supply chain management: Assessment guide and tool. Arlington, VA: USAID | DELIVER Project. http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/HumaResoCapaDeve_AsseGuid.pdf (accessed August 29, 2013).
- World Health Organization. 2012. WHO country assessment tool on the uses and sources for human resources for health (HRH) data. Geneva, Switzerland: World Health Organization. http://www.who.int/hrh/statistics/survey_use_source/en/index.html (accessed August 30, 2013).
- World Health Organization. 2011a. The world medicines situation 2011: Access to essential medicines as part of the right to health. Geneva, Switzerland: World Health Organization. <http://apps.who.int/medicinedocs/documents/s18772en/s18772en.pdf> (accessed August 29, 2013).
- World Health Organization. 2011b. Report of the global meeting of human resources for health observatories: Evidence-informed human resources for health policies: The contribution of HRH observatories. Geneva, Switzerland: World Health Organization. http://www.who.int/hrh/resources/observatories_meeting_report.pdf (accessed October 15, 2013).
- World Health Organization. 2010. Workload indicators of staffing need (WISN): User's manual. Geneva, Switzerland: World Health Organization. http://www.who.int/hrh/resources/wisn_user_manual/en/ (accessed August 29, 2013).
- World Health Organization. n.d. Human resources for health (HRH) tools and guidelines: HRH situation analysis. http://www.who.int/hrh/tools/situation_analysis/en/# (accessed August 29, 2013).