



12-13 October 2022

# PtD GLOBAL INDABA

Radisson Blu Hotel  
*Lusaka, Zambia*



## PROGRAMME

# HUMAN RESOURCES FOR SUPPLY CHAIN MANAGEMENT

## *The missing link to maximising supply chain performance*

Welcome to the People that Deliver (PtD) Global Indaba, the first conference to focus on human resources (HR) for supply chain management (SCM) in Africa! *Indaba* is a word in the Zulu language that means gathering or discussion; an eclectic event deserves a unique name, which is why we chose to call this event an Indaba.

With COVID-19 no longer standing in our way we're ecstatic to welcome you to the in-person inaugural Global Indaba! Great thanks must go to our many partners who have been instrumental in the development and organisation of the conference, and of course our sponsors, without whom this wouldn't be possible.

Given the difficulties experienced by the global health system during and since the pandemic, the Global Indaba couldn't come soon enough. The World Health Organisation estimates that Africa's health workforce deficit stands at no less than six million and it is widely accepted that the sustainable development goal target of universal health coverage cannot be achieved without an adequately staffed and skilled health workforce.

An important health worker that is often overlooked but necessary for the expansion of services and supplies is the health supply chain worker. Pharmacists, logisticians, supply chain managers, data managers, warehouse and transport personnel, and many others are collectively tasked to ensure the appropriate commodity selection, forecasting, procurement, storage, distribution and use of health products. This is why the theme of this conference is **human resources for supply chain management: the missing link to maximising supply chain performance**.

Over the next two days we'll bring you an engaging and hopefully inspiring programme organised along the four pathways of the PtD Theory of Change: staffing, skills, working conditions and motivation. Addressing these is necessary if the supply chain workforce is to be competent, supported and adequately-staffed, and therefore able to deliver health commodities to the people who need them.

Thank you for coming and we wish you all energetic, passionate and frank discussions.

**Dominique Zwinkels**, PtD executive manager  
**Lloyd Matowe**, PtD chair, Pharmaceutical Systems Africa  
**Jenny Froome**, PtD deputy chair, SAPICS  
**Andrew Brown**, PtD coalition member, MSH  
**Walter Proper**, PtD coalition member, IAPHL

## NOT JUST WORDS BUT ACTION TOO

As you reflect on the varied solutions and innovations you're presented with at the PtD Global Indaba, we'd like you to consider which of these you could adopt to overcome some of the human resources for supply chain management obstacles you encounter. During the closing session on day two we'll ask you:

**Which action will you take to support the supply chain workforce?**

Start thinking.



## ABOUT PEOPLE THAT DELIVER

Rooted in the notion that without trained professionals to manage health supply chains health commodities do not reach the patients who need them, our approach has three strands:

**PtD convenes** its coalition members and partners, all of whom have the same ambition: to improve health outcomes.

**PtD coordinates** its network of member organisations by providing technical leadership and encouraging collaboration.

**PtD advocates** interventions that improve the demand and supply of qualified health supply chain professionals.

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

**We envision** a world in which health supply chain workforces are empowered and equipped to maximise health outcomes by improving access to health commodities.

PtD was established in 2011 when 79 institutions came together at WHO headquarters and pledged to strengthen the capacity of the health supply chain workforce while promoting the professionalisation of supply chain roles within the health system.

Housed in UNICEF's Supply Division in Copenhagen, PtD is governed by its coalition members who represent governments, international donors, multilateral agencies, non-governmental organisations, academic institutions, professional associations and private companies.

[www.peoplethatdeliver.org](http://www.peoplethatdeliver.org)

## KEY PTD TOOLS & RESOURCES

### Building human resources for supply chain management theory of change

This analyses the conditions needed to ensure that workers at every level in a supply chain perform optimally. It centres on four pathways: staffing, skills, working conditions and motivation.

### Supply chain management professionalisation framework

A set of global standards that align career path, education and professional growth in health supply chain management.

### STEP 2.0

A professional development tool specifically tailored to the needs of health supply chain leaders and managers, STEP 2.0 blends elements of self-paced learning, facilitator-led training, on-the-job application of leadership skills and coaching support. What makes it unique is that it pairs public sector supply chain managers with private sector supply experts.

### Outsourcing toolkit

The outsourcing toolkit comprises three resources that have been designed to complement one another and is intended to support governments and national supply chain organisations to successfully outsource from a *people* perspective.

### Housekeeping

Please wear your name badge at all times. Security personnel, acting in your best interests, will refuse entry to individuals not wearing a badge. More importantly, you won't be able to get lunch!

If you have any questions or concerns please visit the Upavon Management assistance counter in the corridor by the Big dome or WhatsApp +27 (0) 84 556 2982.

*Wifi is available throughout the complex*

# PARTNERS



The association supports logisticians worldwide by providing a forum for members to network, exchange ideas and improve skills. Members come from over 150 countries and represent all levels of the supply chain.

[www.iaphl.org](http://www.iaphl.org)



MSH is a global health non-profit organisation that works shoulder-to-shoulder with countries and communities to save lives and improve the health of the world's poorest and most vulnerable people by building strong and sustainable health systems.

[www.msh.org](http://www.msh.org)



Pharmaceutical Systems Africa is an in-country, team-owned organisation that provides a wide range of skills and expertise in the pharmaceutical supply and management value chain within country contexts.

[www.pharmasystafrica.com](http://www.pharmasystafrica.com)



Since 1966 SAPICS has worked to elevate, educate and empower the community of supply chain professionals in South Africa and across the continent. Through its network SAPICS directs individuals and organisations to a wide variety of quality training programmes, internationally-recognised certifications and comprehensive resources.

[www.sapics.org](http://www.sapics.org)

# SPONSORS

## PRINCIPAL SPONSOR



The Global Fund to Fight AIDS, Tuberculosis and Malaria is an international financing and partnership organisation that aims to attract, leverage and invest additional resources to end the epidemics of HIV/AIDS, tuberculosis and malaria.

[www.theglobalfund.org](http://www.theglobalfund.org)

## PLATINUM SPONSOR



ASCM is the global leader in supply chain organisational transformation, innovation and leadership.

[www.ascm.org](http://www.ascm.org)

## GOLD SPONSOR



VillageReach is a non-profit organisation that works with governments to solve health care delivery challenges in low-resource communities.

[www.villagereach.org](http://www.villagereach.org)

## SILVER SPONSORS



One of the world's leading partners in international development, Chemonics works to find life-changing solutions that transform how development can and should work.

[www.chemonics.com](http://www.chemonics.com)



PICMA provides a comprehensive range of locally developed supply chain solutions in over 30 African countries.

[www.picma-scm.com](http://www.picma-scm.com)

## BRONZE SPONSOR



PSA works to ensure that no patient suffers owing to a lack of essential medicine in low and middle-income countries in Africa.

[www.pamsteele.org](http://www.pamsteele.org)

# AGENDA

## Day 1 Wednesday 12 October

TIME	ACTIVITY	SPEAKER
7.30 - 8.30	Registration & coffee	
8.30 - 8.35	<b>WELCOMING REMARKS</b> <span>BD</span>	<b>Lloyd Matowe</b> , PtD
8.35 - 8.45	<b>WHO IS PTD?</b> <span>BD</span>	<b>Dominique Zwinkels</b> , PtD
8.45 - 8.55	<b>PRESENTATION</b> <span>BD</span> <i>Investing in supply chains through private sector education in Zambia</i>	<b>Kelvin Kaunda</b> , Eden University
8.55 - 9	<b>INTRODUCTION</b> <span>BD</span>	<b>Kennedy Saini</b> , MoH Zambia
9.00 - 9.30	<b>OPENING SPEECH</b> <span>BD</span>	<b>Sylvia Masebo</b> , MoH Zambia
9.30 - 10.15	<b>KEYNOTE PANEL</b> <span>BD</span> <i>Enhancing political will and building an enabling environment for robust human resources for supply chain management at country and regional level</i>	<b>Sylvia Masebo</b> , MoH Zambia <b>Abdulkedir Gelgelo</b> , EPSS Ethiopia <b>Terry Ramadhani</b> , KEMSA, Kenya <i>Moderator: Lloyd Matowe, PtD, Dominique Zwinkels, PtD</i>

10.15 - 10.45 Tea break

### Location key

- BD Big dome
- SD Small dome
- MR Meeting room

10.45 - 11.45	<b>BREAKOUT SESSION 1</b> <b>Staffing</b> Naomi Muriithi, HELP, Abdulsalam Musa, Akesis, Walter Proper, IAPHL <span>BD</span> <b>Skills</b> Dorothy Leab, GaneshAID, Ed Monchen, i+ solutions, Jo Tierens, J&J <span>SD</span> <b>Motivation</b> Danielle Wiedeman, GHSC-PSM, Danielson Kennedy, inSupply, Maureen Kamau, GHSC-PSM <span>MR</span>	<i>Moderator: Tiwonge Mkandawire, VillageReach</i> <i>Moderator: Hilary Frazer, HCF-HRD</i> <i>Moderator: Michael Egharevba, GHSC-PSM</i>
12 - 1	<b>BREAKOUT SESSION 2</b> <b>Skills</b> Charles E. Nzawa, USAID, Eglá Chepkorir, USAID, Sanjay Saha, Bee Skilled Global <span>BD</span> <b>Skills</b> Clement Ngombo, HELP, Clinton de Souza, Celsian Consulting, Vivian Rakuomi MSH <span>SD</span> <b>Working conditions</b> Sanjeev Kettel, MSH, Joyce Owola, inSupply, Sushil Nepal, MSH <span>MR</span>	<i>Moderator: Pretty Mubaiwa, ARC</i> <i>Moderator: Veronica Lacayo, CRS</i> <i>Moderator: Kiersten DeHaven, Kasha</i>
1 - 2	Lunch	
2 - 3.30	<b>OPEN CAFÉ</b> <span>BD</span>	<i>Moderator: Hilary Frazer, HCF-HRD</i>
3.30 - 4	Tea break	
4 - 5	<b>BREAKOUT SESSION 3</b> <b>Staffing</b> Ayalew Adinew, GHSC-PSM, Gashaw Sebsibie, Addis Ababa University, Sibusiso Zuma, UNISA <span>BD</span> <b>Skills</b> Tielman Nieuwoudt, Project Last Mile, Lemson Machibiza, ACGHIR <span>MR</span> <b>Skills</b> Innocent Mweemba, GHSC-PSM, Lloyd Mbasela, Industrial Training Centre, Patricia Mupeta Bobo, Yale University <span>SD</span>	<i>Moderator: Tapiwa Mukwashi, VillageReach</i> <i>Moderator: Kofi Nyame, MSH</i> <i>Moderator: Patrick Gaparayi, UNICEF</i>
5 - 5.30	<b>CLOSING ADDRESS</b> <span>BD</span> <i>Highlights of the day with IAPHL ambassadors</i>	<i>Moderator: Andrew Brown, MSH</i>
5.30 - 7	Cocktail reception sponsored by <b>VillageReach</b> (poolside)	



# DAY 2 Thursday 13 October

TIME	ACTIVITY	SPEAKER
7.30 - 8.30	Coffee	
8.30 - 8.50	<b>WELCOME &amp; RECAP</b> <span>BD</span>	<b>Andrew Brown</b> , MSH
8.50 - 9.30	<b>KEYNOTE PANEL</b> <span>BD</span> <i>The role of donors and the private sector in improving human resources for supply chains</i>	<b>Becky Turner</b> , USAID <b>Marasi Mwencha</b> , The Global Fund <b>Douglas Kent</b> , ASCM <b>Craig Arnold</b> , Swoop Aero <i>Moderator: Andrew Brown, MSH</i>
9.30 - 10	<b>INDABA IMPULSE TALKS</b> <span>BD</span> <i>Ed Monchen, i+solutions</i> <i>Kiersten DeHaven, Kasha</i> <i>Kofi Nyame, MSH</i>	<i>Moderator: Ed Lewellyn, ARC</i>
10 - 10.30	Tea break	
10.30 - 11.30	<b>BREAKOUT SESSION 4</b> <b>Skills</b> Abu Bakar Sidique Quisia, GHSC-PSM, Charlotte Stein, GHSC-PSM, Ukamaka Okafor <span>MR</span> <b>Staffing</b> Rebecca Alban, VillageReach, Michael Egharevba, GHSC-PSM, Henrietta Bakura, NPSCMP <span>BD</span> <b>Motivation</b> Daniel Kinyanjui, JSI, Juma Ikombola, inSupply, Zelalem Nigusie, GHSC-PSM <span>SD</span>	<i>Moderator: Hilary Frazer, HCF-HRD</i>  <i>Moderator: Veronica Lacayo, CRS</i>  <i>Moderator: Pretty Mubaiwa, ARC</i>

### Location key

- BD Big dome
- SD Small dome
- MR Meeting room

**11.45 - 12.45** - **BREAKOUT SESSION 5**  
**Skills** Brian Otieno, inSupply, Yacouba Diarra, GHSC-PSM, Alex Oindi, GHSC-PSM SD  
**The four pathways (in French)** Hope Amou, Chemonics, Haguiratou Wendlassida Daou Ouedraogo, GHSC-PSM, Tiana Ravelonarivo, MSH BD  
*Moderator: Hilary Frazer, HCF-HRD*  
*Moderator: Patrick Gaparayi, UNICEF*

**12.45 - 2** Lunch

**2 - 3.30** **SKILLS WORKSHOPS / PANEL**  
**Advocating at the local level** (workshop) MR  
*Moderator: Walter Proper, IAPHL*  
**Pharmaceutical systems strengthening** (workshop) SD  
*Moderator: Andrew Brown, MSH*  
**STEP 2.0: Three varying contexts** (panel discussion) BD  
*Moderator: Rebecca Turner, USAID*  
Franck Biayi, DAP DRC  
Regina Kouassi, DAP, Côte d'Ivoire,  
Kevin Etter, Gavi,  
Patricia Mupeta Bobo, MoH Zambia  
Jo Tierens, Johnson & Johnson

**3.30 - 4** Tea break BD

**4 - 5** **PANEL DISCUSSION** BD  
**The future of HR4SC: Perspectives of new entrants into the profession**  
*Moderator: Walter Proper, IAPHL*  
Rachel Muyoma, Zambia Medicines and Medical Supplies Agency  
Paul Kango, Open SRP Project  
Talent Murairwa, Ministry of Health and Child Care  
Ataf Bijarani, IAPHL ambassador

**5 - 5.30** **CLOSING ADDRESS** BD  
**Call to action:** What action will you be taking to strengthen human resources for supply chain management?  
Lloyd Matowe, PtD,  
Dominique Zwinkels, PtD,  
Jenny Froome, PtD,  
Walter Proper, IAPHL,  
Andrew Brown, MSH



# BREAKOUT SESSIONS

## Session 1

### Staffing

#### **Supply chain workforce development in health systems**

*Naomi Muriithi, HELP Logistics Ltd*

The missing link in the management of health services is found in the management of health supply chains for the efficient and effective delivery of essential health commodities. Availability of these commodities further enhances health service delivery, saving more lives and improving the overall health of communities.

This presentation will explore workforce development and the ReadyDawa programme, which is critical to improving human resources capacity for transformed delivery.

#### **The great potential of IAPHL country chapters**

*Walter Proper, IAPHL/JSI*

This presentation will explore the development of more than 20 IAPHL country chapters and the many successful activities that have been implemented by these grass roots chapters. There will be a discussion of the great potential of the country chapters to advocate for efficient health supply chains and the people who make them work. Chapter leaders from Nepal and Congo will also present on their country chapters' activities.

#### **Strengthening health supply chain workforce and systems: lessons from the central medical stores in Liberia**

*Abdulsalam Musa, Akesis Global Health*

International best practices, accompanied by onsite mentoring, are essential to ensuring that staff master the key skills needed to achieve health supply chain objectives. Akesis, under a Chemonics subcontract, is implementing the USAID/GHSC-PSM long-term technical assistant project for the central medical stores in Liberia.

### Skills

#### **Innovative learning and performance management systems for iSC professionals in Africa**

*Dorothy Leab, GaneshAID*

GaneshAID provides new approaches to immunisation supply chains yielding greater impact at lower cost by innovating learning and performance management systems for immunisation equity and coverage. With governments and partners GaneshAID ensures more digitally-enabled and blended learning solutions with embedded performance support are available in the workplace.

#### **E-learning for vaccination skills: successful roll-out of three online courses on vaccination practices in DRC**

*Ed Monchen, I+solutions*

In response to the increased need for staff skilled in vaccination practices and data management for vaccine programs, i+solutions developed three new online courses for the WHO DRC office as part of the capacity building and skills reinforcement of executives and data managers of PEV (Enlarged Vaccination Program of the DRC Ministry of Health). The courses were piloted in 2022 on i+solutions' e-learning platform i+academy.

#### **Cold chain training curriculum and the advancement of cold chain through collaboration**

*Jo Tierens, Johnson and Johnson*

In close collaboration with Deloitte South Africa and local governments, cold-chain deep dives were conducted in Botswana, Kenya, South Africa, Uganda and Ghana. The insights revealed that cold-chain training is one of the critical aspects that needs more focus and the best way forward to advance cold-chain sustainability is collaboration between the public and private sectors.

WED 12 OCT  
10.45 am  
-  
11.45 am

## Motivation MR

### **Achieving results through simple motivation strategies: expanding family planning commodity access points and tracking stock inventory levels in South Sudan**

*Danielle Wiedman, USAID GHSC-PSM project in South Sudan*

Ongoing conflict, restricted movement and other challenges hinder health supply chains in South Sudan. Through a call centre-based on private-sector models—an agent calls health facility staff monthly to gather data on family planning/reproductive health commodities.

### **Motivation of community health volunteers (CHVs) to implement community-based distributions in hard-to-reach areas in Kenya**

*Joyce Owola, inSupply Health*

Kenya's arid/semi-arid-land counties have marginalised populations that are hard-to-reach and often migratory with low access to health services and supplies. Supply chains to the last mile are weak, in part, due to shortages of human resources and insecurities. CHVs play a vital role in ensuring these most vulnerable populations have routine access to last-mile life-saving commodities.

### **Supportive supervision, recognition and mentorship to optimise health facility supply chain management (SCM) performance in Kenya**

*Maureen W Kamau, USAID Global Health Supply Chain Program*

Health products and technologies (HPTs) are essential for an efficient health system. Poor SCM skills and unmotivated staff can limit access to essential HPTs resulting in ineffective health service delivery. These human resources play a key role in ensuring rational selection, ordering, inventory management, utilisation and accountability of HPTs.

WED 12 OCT

12 am

-

1 pm

## Session 2

### Skills (a) BD

### **Strengthening Malawi Ministry of Health supply chain management: service delivery and data management**

*Charles E. Nzawa, USAID GHSC-PSM project in Malawi*

Performance monitoring and assessments by Malawi's Ministry of Health revealed skills gaps in health facility stock management and the submission of monthly logistics management information system reports, which impacts service delivery points' commodity ordering, replenishment and stock availability. Building the capacity of staff has since strengthened the health supply chain system.

### **Skills enhancement by use of data review meetings to improve supply chain performance in Kenya**

*Egla Chepkorir, USAID Global Health Supply Chain Program*

Supply chain (SC) issues including expiries, stockouts, poor record keeping and poor commodity management practices often lead to loss of essential commodities. The appropriate use of logistics data for decision making enables health managers to forecast product demand, monitor SC processes and track resource accountability. Afya Ugavi provided technical assistance to build health managers' skills in the use of data for decision making through data review meetings and novel use of dashboards in Kiambu County.

### **Inclusive community-based online learning: an analysis of learning data**

*Sanjay Saha, Bee Skilled*

Prior to the COVID-19 pandemic, online learning was a medium for many who wanted independent learning through a self-paced curriculum. However, online learning was not preferred by professionals working in public health supply chains - classroom-based programmes were popular because of the user interactions they allow. However, owing to rising costs and diminishing donor funds, many stakeholders were looking for digital alternatives for an inclusive and results linked method of capacity building.



## Skills (b)

**An analysis of the perceived training needs across ACAME's procurement centres: a call for improvement of humans in the supply chain.**

*Clement Ngombo, HELP Logistics*

HELP Logistics, in partnership with ACAME, surveyed 22 national procurement agencies that are members of the association. The objective was to collect reliable data on the perception of knowledge and training needs to reinforce ACAME's CFEA project implementation. The study shed light on the perception of expertise, assessed perceived training needs and identified the conditions conducive to employees' personal development.

**Conducting a learning needs assessment for the country level health and immunisation supply workforce**

*Clinton de Souza, Celsian Consulting*

A learning needs assessment, carried out between March and July 2022, focused on utilisation at service delivery points and drew on a human-centred design approach, global goods and learning packages for building local supply chain capabilities. The assessment and resulting SOP will support achieving the objectives of Gavi's 5.0 strategy (2021-2025), Gavi ISC Strategy (capacity development and professionalisation priority area) and country programme priorities, including technical assistance needs arising from delivery efforts.

**Outcome of competency mapping in national regulatory authorities in selected Asian countries**

*Vivian Rakuomi, MSH*

MTaPS used the World Health Organization's global competency framework and implementation tool to evaluate the competency of regulatory workforce in three national regulatory authorities in Asia. The mapping determined the current gaps and made recommendations for action.

## Working conditions

**Assessing the implementation of good storage and distribution practices (GSDP) among wholesalers in Nepal**

*Sanjeev Kettel Medicines, Technologies, and Pharmaceutical Services*

The storage and distribution of medical products are crucial steps in the supply chain network. They are responsible for the quality of the products that enter the supply chain as substandard and falsified products are a significant threat to public health. The draft Nepal GSDP guidelines incorporates an indicator-based electronic inspection tool, which assessed the level of GSDP implementation in Nepal.

**Using innovation to motivate community health volunteers to dispense health commodities at the last mile**

*Joyce Owola, inSupply Health*

The lack of transparency and accountability for commodities at the community level poses a challenge for the community health supply chain while community health assistants (CHAs) and community health volunteers (CHVs) used to lack a tool to manage the commodities issued to them. To bridge the gap, inSupply introduced cStock in five counties in Kenya. cStock is a supply chain strengthening approach that uses mobile-based technology, user-friendly dashboards and manual tools to report and request the resupply of commodities.

**Assessing the level of implementation of good pharmacy practice (GPP) in private and public sector pharmacies in Nepal**

*Sushil Nepal, MSH/MTaPS*

Retail pharmacies and patients are the final stage of the supply chain. The implementation of GPP by the National Regulatory Authority (NRA) is crucial so that patients are ensured of the safety, efficacy and quality of medicines. Currently, inspection by the Department of Drug Administration (DDA) is not based on WHO best practices. MTAps Nepal compared the implementation and certification status in the private and public sector pharmacies using an indicator-based electronic inspection tool.

WED 12 OCT

4 pm  
-  
5 pm

## Session 3

### Staffing BD

#### **Pharmaceutical workforce deployment based on the auditable pharmaceutical transaction and service system in Ethiopia**

*Ayalew Adinew, USAID GHSC-PSM project in Ethiopia*

The auditable pharmaceutical transaction and service (APTS) system is a package of proven interventions that establishes human resource (HR) deployment based on workload analyses. A national cross-sectional study showed that the implementation of APTS in Ethiopia contributed to proper HR deployment and an improvement in work processes as well as marked improvements in pharmaceutical availability, quality of services and reduced wastage.

#### **Job preferences of pharmacists and pharmacy technicians in the Ethiopian pharmaceutical supply service: a discrete choice experiment**

*Gashaw Sebsibie, Addis Ababa University*

The Ethiopian Pharmaceuticals Supply Service (EPSS), the sole public supplier of health commodities for all public health facilities in Ethiopia, has faced shortages and high attrition rates of skilled supply chain professionals. A study was carried out to examine pharmacists' and pharmacy technicians' preferences working for the EPSS to establish the need for different financial and nonfinancial incentives to encourage staff retention within EPSS.

#### **Investigating the role of pharmacist assistants in medicine supply chain management in a primary health-care setting**

*Sibusiso Zuma, UNISA*

Improving the supply of essential medicines in the public sector is of paramount importance to ensure that the drugs used in treatment regimens are accessible, acceptable, safe, cost-effective and affordable for the population. This study assessed the role of pharmacist assistants in the supply chain management of essential medicines in primary healthcare clinics.

### Skills (a) SD

#### **Reducing drug stock-outs by strengthening last mile delivery in Côte d'Ivoire**

*Tielman Nieuwoudt, Project Last Mile*

In partnership with USAID and Ministry of Health stakeholders, Project Last Mile conducted a landscape assessment of opportunities to reduce commodity stock-outs at the last mile in Côte d'Ivoire. The assessment revealed limited inventory and order management resources at facility and district levels, leading to stock-outs and ineffective medication replenishment practices for patients with chronic conditions such as HIV.

#### **An assessment of emergency preparedness and response logistics, EPI and cold chain skills amongst health workers in Zimbabwe**

*Lemson Machibiza, African Centre for Global Health*

Emergency preparedness and response logistics, the Expanded Programme on Immunization (EPI) and cold chain remains a grey area, with few, if any, dedicated training curricula tailor-made to address emergency preparedness and global pandemics. The African Centre for Global Health Innovation and Research administered a questionnaire to health workers in Matebeleland region to assess their knowledge and skills in emergency preparedness and response logistics, EPI and cold chain.

### Skills (b) MR

#### **Zambia's journey to supply chain management technical independence through institutionalisation in nursing, biomedical sciences and pharmacy colleges and universities**

*Innocent Mweemba Machila, USAID GHSC-PSM project*

Vaccine wastage has implications on the cost and sustainability of immunisation programmes. Using a socio-ecological model, this study systematically examined the enablers and barriers to reducing vaccine wastage at the service delivery level in Pakistan.

### **Improving access to professional development opportunities to build resilience and strengthen health supply chain systems**

*Lloyd Mbasela, Industrial Training Centre*

With the COVID-19 pandemic restricting cargo traffic into and across Zambia, it was critical that staff at all levels of the supply chain, from procurement to last mile, were sensitised and protected to maintain the distribution of vital medical supplies. In partnership with Transaid, and with support from the FIA Foundation and People that Deliver, a COVID-19 sensitisation training module was developed and implemented to increase awareness and preparedness in the health supply chain sector.

### **Improving management of vaccine supply chains: a multi-methods evaluation of vSTEP in Zambia**

*Patricia Mupeta Bobo, Yale University*

Numerous and diverse professional development initiatives have been established to support supply chain managers in Gavi-eligible countries. COVID-19 catalysed rapid innovation in approaches to support leadership development in times of change, and an evaluation of these approaches can inform future workforce development strategies to ensure resilient health systems.

## **Session 4**

### **Skills**

#### **Human capacity development for maximising health supply chain performance in Guinea: training of potential supply chain managers at higher institutions of learning**

*Abu Bakar Sidiqie Quisia, USAID GHSC-PSM project in Guinea*

Human supply chain challenges highlighted by the COVID-19 pandemic confirmed the need for specialised skills, particularly to manage SCs at the district and community health levels. The USAID GHSC-PSM project supported the Ministry of Health in Guinea to introduce and integrate SC management into the higher education curriculum.

### **Human resource capacity building in the Angolan health supply chain**

*Charlotte Stein, USAID GHSC-PSM project in Angola*

By partnering with public and private-sector stakeholders in Angola, in 2019 the USAID GHSC-PSM project supported the Ministry of Health to develop and implement a 12-month postgraduate supply chain management course. This was the first step towards professionalising and institutionalising the supply chain within the Angolan public health system, following a 2017 baseline needs assessment that identified significant gaps in SC infrastructure.

### **Strengthening human resource capacity for health product logistics through engagement of training schools: the Pharmacists Council of Nigeria experience**

*Ukamaka Gladys Okafor, Pharmacists Council of Nigeria*

The human resources available can no longer meet the complex demands of the health supply chain systems in Nigeria. In order to ensure access to training, education, professional development, and technical and managerial competencies for pharmacists, medical and sales representatives, the Pharmacists Council of Nigeria developed and is implementing a strategic plan to strengthen the human resource capacity for health products logistics and supply chain management in Nigeria.

### **Staffing**

#### **Catalysing multisectoral partnerships to advance supply chain professionalisation**

*Rebecca Alban, VillageReach*

Effective health supply chains require high-performing supply chain workers that have access to technical training, certification and ongoing professional development opportunities. Professionalising the supply chain requires collaboration and new partnerships among the major stakeholders: private sector, public sector, NGOs and academia.

THUR 13 OCT

10.30 am

11.30 am

## Linking demand for and supply of the supply chain management workforce

*Michael Egharevba, USAID GHSC-PSM project*

The COVID-19 pandemic amplified an existing imbalance between the demand for and supply of the supply chain management (SCM) workforce in Rwanda. The USAID GHSC-PSM project and People that Deliver are working with the Rwandan Ministry of Health to implement a new SCM professionalisation framework to address this gap.

## Human resources for supply chain professionalisation in Nigeria

*Henrietta Bakura, Federal Ministry of Health Nigeria*

Despite huge investments in infrastructure to help Nigeria achieve universal health care, human resources have not received the same attention or structured approach needed to address the country's specific needs in procurement and supply management (PSM). The government, with technical and strategic support from ARCESM, has rolled out its national health PSM strategy, with human resources for supply chain management as one of its strategic priorities, supporting the country on its journey to professionalising the supply chain.

## Motivation

### Sparking motivation for learning and organisational change in humanitarian supply chain organisations

*Daniel Kinyanjui, JSI Research and Training Institute, Inc.*

Humanitarian organisations are the front line in ensuring products in fragile, insecure contexts, yet staff often lack the skills to manage them. JSI Research & Training Institute, Inc., through its USAID BHA-funded *Building capacity to improve pharmaceutical and medical commodity management in humanitarian and disaster settings project*, is going beyond traditional training to motivate learning and affect positive organisational change for humanitarian organisations working in health supply chain management.

## Rewarding and recognising IMPACT team's efforts for a sustained supply chain performance improvement

*Juma Ikombola, inSupply Health*

The IMPACT team initiative is a modified quality improvement approach that was adopted to improve data analysis and use for evidence-based performance monitoring and action planning with the goal of improving supply chain performance. In Tanzania, inSupply, in collaboration with the President's office, regional administration and local government, introduced reward and recognition to test their effect on staff motivation and assessed the results.

## A comprehensive approach to address the health supply chain workforce capacity in Ethiopia

*Zelalem Nigussie, USAID GHSC-PSM project in Ethiopia*

Formalised, quality supply chain workforce development in Ethiopia was not previously prioritised, contributing to country-wide supply chain inefficiency, operational disruptions and the unavailability of essential medicines, negatively affecting patient health outcomes. The USAID GHSC-PSM project, in partnership with the Ethiopian government, conducted an assessment (adapted from People that Deliver) to evaluate the human resource capacity development approaches implemented thus far and to make recommendations.

## Session 5

### Skills

#### Skilled care: self-paced learning to build the supply chain capacity of health care workers

*Brian Otieno, inSupply Health Ltd.*

While continuous skills development is critical for health workers, a challenge remains in targeting specific gaps to address supply chain improvement needs and the application of skills. In implementing IMPACT teams (quality improvement approach) in nine counties in Kenya, inSupply conducted a role profile assessment to tailor learning packages to the competencies and skills needed.

THUR 13 OCT

11.45 am

–  
12.45 pm

### **Tailoring education to drive behaviour change: Mali's community health practitioners accelerate the transition to TLD in HIV/AIDS care**

*Yacouba Diarra, USAID GHSC-PSM project in Mali*

In Mali, the USAID GHSC-PSM project worked closely with the national health authorities to accelerate the transition to tenofovir/lamivudine/dolutegravir (TLD), a treatment with proven results in HIV viral load suppression. The transition required the perfect alignment of national policies, programmatic actions and fully-trained human resources to deliver the treatment, implemented in the context of COVID-19 restrictions.

### **Improving health commodity availability in public health facilities by strengthening the capacity of personnel in product identification and selection**

*Alex Oindi, USAID GHSC-PSM Afya Ugavi activity in Kenya*

In Machakos county, sub-optimal use of allocated funds during ordering cycles led 90 percent of health facilities to request health products and technologies (HPTs) not available on the KEMSA list, compromising the inventory of essential HPTs and the allocation of unused funds. An initiative was undertaken to improve the capacity of health facility personnel in selecting appropriate HPTs from suppliers.

## **The four pathways (in French)**

### **Training youth as logisticians professionalises the supply chain and improves results**

*Hope Amou, Chemonics*

In 2015, a supply chain assessment in Benin showed that weak human resources capacity and poor reporting contributed to stockouts of lifesaving medicines and commodities in health zones. In response, Benin's private sector association, Plateforme du Secteur Sanitaire Privé, and the GHSC-TA Francophone TO project, designed the Young Logistician Professionals Program in 2018 to train and integrate youth into the health supply chain workforce to address human resources and the health supply chain challenges.

### **Leveraging supportive supervision to build capacity of stock managers: an approach to reduce stock outs and wastage of pharmaceutical products in Togo**

*Haguiratou Wendlassida Daou Ouedraogo, USAID GHSC -Technical Assistance Francophone Task Order*

In Togo, a gap in health workers trained in supply chain management persists. The USAID GHSC-Technical Assistance Francophone Task Order supports capacity building of health district actors using supportive supervision to improve stock management, operationalisation of standard operational procedures and optimisation of storage areas.

### **Supervision, performance assessment and recognition strategy (SPARS) approach leads to improved performance in pharmacies in Madagascar**

*Tiana Ravelonarivo, MSH*

In Madagascar, district pharmacies (Pha-G-Dis) face challenges including adhering to the central medical stores' order schedule, accurately quantifying commodity needs, comprehensive and timely reporting of stock data and infrequent supervision. To address this, the USAID-funded *Improving market partnership and access to commodities together* (IMPACT) project adapted the SPARS approach from Uganda and was implemented in 78 *Pha-G-Dis* (of 114) to improve pharmaceutical management practices.

# PANEL DISCUSSIONS BD

WED 12 OCT  
9:30 am  
—  
10.15 am

## Enhancing the political will and building an enabling environment for robust human resources for supply chains at country and regional level

*Sylvia Masebo, minister of health, Zambia*  
*Abdulkedir Gelgelo, Director General for EPSS Ethiopia*  
*Terry Ramadhani, KEMSA, Kenya*  
*Moderated by Lloyd Matowe & Dominique Zwinkels, PtD*

This panel focuses on enhancing political will and building an enabling environment for robust human resources for supply chains at country and regional level. Core themes for the panel will include workforce development, the quality of training and cross fertilisation of cadres working in different supply chain domains.

## The role of donors and the private sector in improving human resources for supply chains

*Becky Turner, USAID*  
*Marasi Mwencha, the Global Fund*  
*Doug Kent, ASCM*  
*Craig Arnold, Swoop Aero*  
*Moderated by Andrew Brown, MSH*

The panel focuses on the complementary roles that donors and the private sector can play in improving human resources for supply chains. Core panel themes will centre on financing, sustaining, incentivising and retaining core supply chain human resources.

THUR 13 OCT  
2 pm  
—  
3.30 pm

## STEP 2.0: three varying contexts (in French & English)

*Franck Biayi, Direction d'Activité Pharmaceutique, MoH, DRC*  
*Regina Kouassi, Direction de l'Activité Pharmaceutique, MoH, Côte d'Ivoire*  
*Patricia Mupeta Bobo, Child health and Nutrition, MoH Zambia*  
*Kevin Etter, Gavi*  
*Jo Tierens and Alexis Strader, Johnson & Johnson*  
*Moderated by Rebecca Turner, USAID*

This discussion will centre on the background and history of STEP 2.0, the transformation challenge model, various implementations of the programme and the future of the programme. Panel participants will hear from three beneficiaries of STEP 2.0 (Zambia, DRC and Cote d'Ivoire) and will learn more about the three delivery methods of STEP 2.0 (in-person, virtual and hybrid). Panel participants will share their experiences of STEP 2.0 noting the improvements they've seen as well as future plans for the institutionalisation of STEP 2.0 approaches at country level. The panel will finish with a Q&A session where panellists will respond to questions and comments.

## The future of HR4SC: perspectives of new entrants into the profession

*Rachel Muyoma, Zambia Medicines and Medical Supplies Agency*  
*Paul Kango, Open SRP Project*  
*Talent Murairwa, Ministry of Health and Child Care*  
*Altaf Bijarani, IAPHL ambassador*  
*Moderated by Walter Proper, IAPHL*

The panel looks at the prospects for young entrants into the supply chain field. Our panellists, all young supply chain professionals working in different areas, will share their experiences of the interface between supply chain and technology, discuss the challenges that young entrants into supply chain face and assess the prospects for young people building a career in supply chain.

THUR 13 OCT  
4 pm  
—  
5 pm

# WORKSHOPS

WED 12 OCT  
9:30 am  
–  
10:15 am

## Advocating at the local level MR

*Walter Proper, IAPHL*

This workshop will review the key elements of the smart advocacy approach originally developed by Johns Hopkins University. It will review the smart advocacy cycle with its three key phases: build consensus, focus efforts and achieve change, and its nine different steps. The focus then will be on step three: setting a SMART objective. The participants will be asked to brainstorm and then write at least one advocacy SMART objective as it applies to improving the supply chain workforce.

## Pharmaceutical systems strengthening: how to strengthen this key subsystem of the health system SD

*Andrew Brown, MSH*

At the conclusion of this session participants will have developed skills in pharmaceutical systems strengthening (PSS) and be equipped to strengthen these systems within organisations.

Specifically, participants will be able to:

- Understand what a systematic approach to PSS is and why this is important.
- Consider available PSS tools, approaches and county case studies, their importance, application and impact.
- Plan for the application of these tools to PSS challenges in their work context.

# IMPULSE TALKS BD

THUR 13 OCT  
9:30 am  
–  
10 am

Impulse talks are the Global Indaba's answer to Ted: short presentations by experts in their field on a thought-provoking topic in supply chain development, with, of course, a focus on people-centered design and implementation.

*Facilitated by Ed Llewellyn, Africa Resource Centre*

## The metre beyond the last mile!

*Kofi Aboagye-Nyame, MSH*

This talk centres on the notion that pharmaceutical supply chains are an integral component of the pharmaceutical system and deserve more attention to ensure the availability and rational use of medicines. How patients consume health products and technologies is fundamental in designing an effective and efficient supply chain.

## A for-profit model for last mile distribution and data collection: how to recruit, manage and sustain small scale agent networks to deliver health products to the last mile

*Kiersten DeHaven, Kasha*

In this talk Kiersten DeHaven shares her experiences in recruiting and managing agent networks, including all-women networks, and considers how to leverage agent networks to collect high-quality data and generate customer insights.

## How to facilitate the transition process to digital health supply chains: people make the difference!

*Ed Monchen, i+ Solutions*

This talk sheds light on change management experiences in Nigeria, Ghana, Burundi and DRC and champions e-learning as an efficient and effective tool to facilitate train-the-trainers. Ed Monchen will also reveal innovative concepts in data sharing.

# OPEN CAFÉ BD

*Moderated by Hilary Frazer, HCF-HRD*

The Open café offers a creative and informal opportunity to discuss and contemplate challenges and solutions in the world of human resources for supply chain management.

## How it works

Ten or so participants are placed around – and then move between – a number of tables. Each table hosts discussions centred on an overarching theme, which is decided in advance.

The discussion kicks off with a presentation given by the presenter (each table will have a presenter), which will last for around five minutes. This will be followed by questions from and a discussion among the participants.

After 15 minutes the cow bell will sound and participants can choose whether to remain at their table, move to another table to join a different discussion, or check out the open area to exchange knowledge in an even more informal setting.

In total there will be three rotations (each session lasting 15 minutes) and participants are encouraged to change tables at least once.

## Presenters

Malawi warehousing and transportation study landscape market assessment and supply chain integration project: scenarios  
*Clinton de Souza, PICMA Africa Ltd*

Procurement and supply chain management local technical assistance providers scheme for local government units in the Philippines  
*Andrew Brown, MSH*

The supply chain management domain of the Catholic Relief Services' high-performing implementers initiative in four African countries  
*Gladys Muhire, Catholic Relief Services*

The vital role of front-line health workers in supply chain management: training  
*Robert Kimbui, Johnson & Johnson*

Capacity building in human resources for health to optimise supply chain management in the digital age  
*Jeremy Sikazwe, John Snow Health*

*Patrick Gaparayi from UNICEF and Douglas Kent from ASCM will also give presentations, on top of speakers from PICMA, Chemonics and VillageReach.*

# POSTER PRESENTATIONS BD

*Attendees are invited to visit the Big dome to hear from the poster presenters during the morning and afternoon tea breaks (10.15 - 10.45 and 3.30 - 4) on Wednesday 12 October*

No passport required: re-imagining technical assistance in a changing world  
*Andrew Brown, MSH*

Improving the supply chain management environment: a leadership and change management approach  
*Michael Egharevba, USAID GHSC-PSM project*

Building local capacity to improve stock management practices at health facility level in the northern and far north regions of Cameroon  
*Tewuh Fomunyam, GHSC-PSM project*

Performance enhancement through routine training of staff on adherence to SOPs in warehousing and distribution operations: a case study of Akesis best practices in Nigeria  
*Zachary Terna Gwa, West & Central Africa Akesis*

*Posters will also be displayed by Naomi Muriithi of the Kuehne Foundation, Sanjay Saha from BeeSkilled, Dawit Teshome from Addis Ababa University, Dorothy Leab from Ganeshaid, Ed Monchen from i+solutions as well as from PtD and IAPHL.*

WED 12 OCT

Tea  
breaks

THUR 13 OCT

2 pm

3.30 pm





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