

Promising Practices

Human Resources

Brief #7 in the *Promising Practices in Supply Chain Management Series*



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This brief is part of the *Promising Practices in Supply Chain Management* series, developed by the Supply and Awareness Technical Reference Team (TRT) of the [UN Commission on Life-Saving Commodities for Women’s and Children’s Health](#) (the Commission or UNCoLSC). As part of the [Every Woman Every Child](#) movement and efforts to meet the health-related Millennium Development Goals by 2015 and beyond, the Commission is leading activities to reduce barriers that block access to essential health commodities. The Supply and Awareness TRT developed this set of briefs on promising practices in supply chain management to guide countries in identifying and addressing key bottlenecks in the supply and distribution of the Commission’s 13 life-saving commodities across the reproductive, maternal, neonatal, and child health continuum of care.

This series of briefs has been developed for use by in-country stakeholders. The briefs provide both *proven* and *promising* practices that may be used to address specific supply chain barriers faced by each country.

- *Proven practices* are defined as interventions with proven outcomes in improving health commodity supply chains in low- and middle-income countries tested using experimental or quasi-experimental evaluation designs. Examples of proven practices are identified by this symbol throughout these briefs. 
- *Promising practices* are defined as interventions showing progress toward improving health commodity supply chains in low- and middle-income countries.

To view all the briefs in the Promising Practices in Supply Chain Management Series, visit <http://siapsprogram.org/publication/promising-practices-in-supply-chain-management>

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Abbreviations and Acronyms

CP	Commodity Planner	LMU	logistics management unit
DMPA	depot medroxyprogesterone acetate	MCHS	Malawi College of Health Sciences
DPT	District Pharmacy Technician	MOH	Ministry of Health
HR	human resources	NHTC	National Health Training Center
HRH	human resources for health	SCM	supply chain management
LMIC	low- and middle-income countries	SDP	service delivery point
LMIS	Logistics Management Information System		

Background

Human resources (HR) is a cross-cutting issue, touching every function in the supply chain from quantification to service delivery. Without motivated and competent staff that have the skills and capacity to operate the supply chain effectively and efficiently, no individual element of the chain functions.

Many low- and middle-income countries (LMIC) are experiencing a crisis in human resources for health (HRH). The factors affecting this crisis are also key contributors to challenges countries face addressing HR for the supply chain. Not only are there simply not enough workers, the workers that exist are overworked, undertrained, and often deployed in ways that do not best use their skills or meet the needs of the people they serve. These problems are exacerbated by the “brain drain” of workers from LMICs to higher-income countries, the difficulty of retaining workers (particularly in rural areas), lack of consistent investment in HR, and inadequate and infrequent training. Finding well-trained professionals to support effective supply chain management (SCM) is particularly problematic because logistics tasks are often shifted to health personnel who are not adequately trained in SCM. Assigned health personnel do not know how to carry out logistics tasks such as how to quantify and procure needed medicines and supplies, receive and store commodities, and track inventory. In addition, health workers are mainly responsible for providing services, making logistics tasks a secondary priority. Despite a clear overlap between HRH and SCM, leaders from these two groups often do not have formal mechanisms for communicating and strategizing together.

There is increasing recognition of the need for workforce planning in SCM to: estimate appropriate system-wide HR needs; recruit and deploy staff competent in supply chain and logistics tasks; and increase the professionalization of these cadres. What is less clear is who should be tasked with these duties—dedicated logistics staff or health care staff (particularly pharmacy personnel) that have long been responsible for logistics tasks as part of their larger role in the health system. In this brief, both options are presented as promising practices—the use of dedicated logistics personnel and increased supply chain capacity for health workers. Defining the SCM tasks that need to be completed at various levels of the health system, understanding the competencies necessary for implementing SCM tasks, and assigning SCM tasks to personnel trained to complete them are the essential components of creating a well-functioning supply chain. Having competent, well-trained personnel with clear roles in SCM is critical regardless of whether or not those personnel have other duties. Similarly, a supply chain workforce is needed irrespective of whether some, or all, aspects of the supply chain are outsourced. Outsourcing may change the supply chain competencies needed (i.e., the need for effective contract managers rather than distribution planners), but does not eliminate the need for a well-trained well-supported workforce.

Trained staff is only one element of an effective HR management strategy. For example, staff need to be supported by strong HR policies and plans, and supervised using performance management designed specifically to support them and build their capacity in SCM. A systematic approach is therefore needed. The four promising practices highlighted in this brief address the most common barriers countries face in HR for SCM.

Barriers	Description	Promising Practice(s) that Address the Barriers
Lack of training and capacity in SCM	Health personnel often have inadequate training (or sometimes no training) to prepare them for the logistics tasks they are expected to perform.	<ul style="list-style-type: none"> • Dedicated logistics personnel • Increased SCM capacity for health personnel at the service delivery point
Outdated or non-existent standard operating procedures	In many places, standard operating procedures for SCM are outdated or non-existent. This problem occurs at all level of the health system. Furthermore, job descriptions of health personnel often do not include logistics tasks.	<ul style="list-style-type: none"> • Create and use systematic HR plans and policies to support SCM • Performance management and supportive supervision for supply chain activities
Lack of a systematic approach to HR for SCM	HRH and supply chain planning often lie in separate silos, lacking a coordinated, systematic approach to HR for SCM.	<ul style="list-style-type: none"> • Create and use systematic HR plans and policies to support SCM
Lack of performance support and motivation for logistics tasks	Overburdened and under-resourced staff are often unsupported and unmotivated to perform logistics tasks. Supervision methods that exist are often performed sporadically and/or focus on clinical duties only, ignoring SCM.	<ul style="list-style-type: none"> • Performance management and supportive supervision for supply chain activities
High staff turnover and mobility	High staff turnover and mobility of health personnel cause barriers to keeping staff trained and experienced in required logistics tasks.	<ul style="list-style-type: none"> • Dedicated logistics personnel • Increased SCM capacity for health personnel at the service delivery point
High workload among health personnel	Many countries have human resources shortages among health workers increasing the number of patients each provider sees and their workload.	<ul style="list-style-type: none"> • Dedicated logistics personnel

Dedicated Logistics Personnel

To address the lack of training and personnel and high workload among health personnel

Dedicated logistics personnel are any staff that work solely on supply chain and logistics tasks. They work at any level of the supply chain and include supply chain managers, commodity planners, and distribution teams. The informed push system highlighted in the [*Promising Practices in Distribution*](#) brief describe examples of dedicated logistics personnel deployed to support the resupply of service delivery points (SDPs).

When should dedicated logistics personnel be considered?

There are a number of advantages of dedicated logistics personnel. Complex logistics tasks that require extensive training may be best performed by a well-trained and dedicated logistics staff person. The tasks may include managing central-level warehousing, customs clearance, and managing distribution and distribution data. In addition, places where clinical staff are overburdened and are forced to reduce time spent with patients to perform logistics tasks may benefit from dedicated logistics personnel. However, due to HR shortages and financial constraints in many LMICs, dedicated logistics personnel may need to be confined to higher levels of the system, where fewer personnel are needed. For example, hiring several logistics personnel at the central level and/or ten or twenty personnel at the provincial/district levels is more feasible than the thousands of personnel that would be needed to staff all SDPs.

ZAMBIA: LOGISTICS MANAGEMENT UNIT

Prior to 2006, there was no fixed ordering schedule or standardized reporting for medical commodities. Instead, district staff travelled to Lusaka on an ad hoc basis to pick up supplies. As a result, there was a lack of consumption data for forecasting, inadequate supply, and high rates of stock expiring. In 2006, the Ministry of Health (MOH) led a system redesign and launched a dedicated logistics management unit (LMU). From 2006 to 2009, the LMU was supported by the USAID | DELIVER PROJECT; post-2009, it has been fully managed by Medical Stores Limited.

The LMU is composed of logistics officers, logistics advisors, an administrative/financial officer, and an information technology person. The LMU manages HIV commodities, laboratory commodities, and essential medicines, acting as the link between health units and the central warehouse. At the central level, the LMU is responsible for managing and analyzing Logistics Management Information System (LMIS) data, approving reports and orders, calculating resupply quantities, providing feedback to facilities, generating reports on logistics performance, creating supervision schedules, and providing data for quantification. At the provincial level, the LMU provides supervision, on the job training, and logistics support to facilities.

Each LMU logistics officer is responsible for supporting a number of health facilities. If a health facility does not submit an order or has made errors in its order, the responsible LMU logistics officer follows up with the health center staff to correct mistakes or ensure that orders are received. The LMU is credited with improving product availability. Following its establishment, stock-out rates for five tracer HIV commodities decreased from 50% to under 5% and reporting rates for facilities reached 100%.

To learn more:

- [Logistics Management Units: What, Why, and How of the Central Coordination of Supply Chain Management.](#)
- [USAID | DELIVER PROJECT Helps Zambia Reduce ARV Stockouts, Create Model Logistics System](#)



ZAMBIA: COMMODITIES PLANNER

To address bottlenecks associated with distribution at the district level, in 2009, the Zambia MOH, Crown Agents, and the USAID | DELIVER PROJECT implemented the Essential Drugs Public Pilot program. As part of the pilot, eight districts implemented a model in which a Commodity Planner (CP) was added at the district level. The CP was responsible for coordinating orders from SDPs and managing stock at the district level. This included summing requisitions from SDPs, matching them against stock available in the district, and adjusting orders, as necessary, to create one requisition from the district to Medical Stores Limited. When orders arrived, the CP was responsible for packing the stock for the districts. In districts with pharmacy technicians, the role of the CP was filled by them. In districts with a vacant pharmacy technician position, an external CP was hired. Results from the pilot's evaluation showed statistically significant improvements in access to some tracer commodities, including Depo-Provera (DMPA), Ceftriaxone, and adult artemisinin-based combination therapy. Storage conditions, reporting rates, and other measures of effectiveness also improved. When looking at the duration of stock-outs, however, the pilot made only marginal improvements over the comparison districts.

To learn more:

- [Enhancing Public Supply Chain Management in Zambia](#)

Increased Supply Chain Management Capacity for Health Personnel at the Service Delivery Point

To address the lack of training and high staff turnover and mobility

At the SDP level, health workers are often responsible for several logistics tasks, such as quantifying the amount of medicines needed for future use, conducting inventories and physical counts of supplies, and keeping accurate records of supply on hand and of dispensed commodities. In many countries, community health workers are now responsible for treating disease or distributing health supplies at the community level, adding to the complexity of the information that needs to be managed at lower levels of the supply chain. Due to HR shortages and the lack of SCM personnel, health facilities often need to shift logistics tasks to anyone who is available, including clinical staff, pharmacists, drivers, and cleaning staff. For clinical and pharmaceutical staff, managing patients takes precedence over administrative duties, leaving the management and tracking of medicines and supplies to untrained staff. While task shifting is often an advantageous strategy, those who have logistics duties shifted to them need to be adequately trained and supported.

When should a strategy of increasing capacity of existing supply chain personnel be considered?

As previously mentioned, defining the SCM competencies needed and assigning them to staff who are adequately prepared to perform the duties is critical, regardless of whether staff are dedicated logistics personnel or have other duties. That being said, there are many considerations to use in deciding whether logistics tasks can be performed by health staff. Tasks that happen at the SDP level, such as data collection, facility-level storage, and reporting occur in numerous locations, making it challenging to afford dedicated personnel at each location. Furthermore, such tasks may be successfully managed by existing health personnel provided that they have adequate support and training.

NAMIBIA

Like many LMICs, Namibia has experienced shortages in pharmaceutical personnel, causing problems not only in clinical pharmacy services, but also in effective SCM, since logistics tasks are often the responsibility of pharmacy personnel. Pharmacy assistants are an important cadre of pharmacy personnel who are trained in dispensing medication and SCM, freeing up pharmacists to focus on more advanced pharmaceutical management. In 2004, Namibia's National Health Training Center (NHTC) was training about seven pharmacy assistants per year. With the support of USAID, SIAPS revitalized the program by: supporting additional tutors; improving infrastructure at the NHTC; supporting improvements in teaching materials; providing technical assistance for basic pharmacy practice research; and strengthening experiential learning through rotations in a community pharmacy, hospital pharmacy, the pharmaceutical quality control laboratory, private sector pharmaceutical distributors, and the public sector central medical store. To address the historic problems of attrition in the pharmacy assistant cadre, SIAPS worked with the Ministry of Health and Social Services to develop a career ladder for pharmacy assistants by allowing them to apply their previous learning to enroll in the Pharmacy Technician program after meeting a minimum standard of service in the public sector.

Successes of the program include:

- The number of pharmacy assistants graduating annually quadrupled, from six graduates in 2006 to 28 students graduating in 2013.
- More pharmacy assistants are being posted in rural facilities. In 2012, more pharmacy assistants were working in rural facilities than pharmacists.
- Stakeholders from the public and private sectors have praised pharmacy assistants on their work performance.
- The program has led to better delivery of pharmaceutical services, especially in rural areas.

To learn more:

- [MSH Trains Pharmacy Assistants in Namibia to Support HIV & AIDS Service Delivery](#)
- [Technical Report: Exploring the Establishment of a Pharmacy Course at the University of Namibia March 12-27, 2009](#)
- [U.S. Government Supports Health in Namibia by Upgrading the National Health Training Centre](#)
- [Q&A with Jude Nwokike: Building the Capacity of the Government of Namibia to Train Pharmaceutical Staff](#)

RWANDA

Rwanda suffers from high turnover among health professionals. SCM training has historically been done in-service, using such methods as on-the-job training and workshops. Training done this way needs to be repeated with each new employee, which becomes unfeasible in areas with high turnover and the lack of continuous resources to conduct (and re-conduct) training. In 2009, the USAID | DELIVER PROJECT partnered with the Rwanda MOH, the National University of Rwanda, and the Kigali Health Institute to introduce university-level pre-service SCM training for nurses and pharmacists. In this way, the burden of retraining new employees is reduced. Because pharmacists and nurses are already instructed in supply chain tasks as part of their academic training, new employees coming in to replace an employee who is leaving are already trained in SCM.

To implement the pre-service training program, the USAID | DELIVER PROJECT prepared formal agreements with both universities outlining their responsibilities for providing logistics training to students. The faculty was introduced to the basics of SCM during a week-long training and also received another week-long training in how to deliver the curriculum effectively. The faculty also assisted in the development of course objectives and in achieving consensus on the content of the curriculum.

Similar pre-service training projects are currently being implemented in Malawi, Zambia, Zimbabwe, and Ethiopia.

To learn more:

- [Initiating In-Country Pre-Service Training in Supply Chain Management for Health Commodities: Process Guide and Sample Curriculum Outline](#)
- [Lessons Learned: Sustainable Training Programs Ensure Access to Health Commodities in Rwanda](#)

MALAWI

In Malawi, the pharmaceutical workforce is responsible for managing the public health supply chain and overall medicines management. According to the 2011 Health Sector Strategic Plan, there were only five pharmacists in the country's public health sector to fill an estimated 90 positions, and only 24% of the established positions for pharmacy technicians are filled. The vacancies leave clinical and frontline health workers responsible for managing pharmacy and logistics duties. In 2012, with support from the Barr Foundation and the USAID | DELIVER PROJECT, VillageReach, the Malawi MOH, the Malawi College of Health Sciences (MCHS), and the University of Washington Global Medicines Program started implementation of a Pharmacy Assistant Training Program. The Program trains and deploys a low-level cadre of pharmacy personnel, aiming to improve quality dispensing of medication, data management, and reporting of logistics data at health centers.

The Malawi MOH established a target of training and deploying at least 650 Pharmacy Assistants, thereby enabling every health facility in the country to have trained pharmacy personnel on staff. The training program is a two-year certificate designed to maximize the time that students spend in a practical setting, with a strong emphasis on SCM. After receiving ten weeks of orientation in pharmaceuticals, pharmacology, and medicines and medical supplies management, students alternate between classroom instruction and practical placements in district hospitals (first year) and health centers (second year). The students are supervised monthly by MCHS faculty and program staff.

The University of Washington Global Medicines Program is conducting a two-year evaluation to determine the program's effect on malaria, pneumonia, and diarrhea morbidity and mortality in children under five. Results are expected in 2016. Meanwhile, the practical training component has resulted in improved performance at district hospitals:

- Improved storeroom conditions: 80% of district hospitals with students are now adhering to "first expired, first out" guidelines, compared to 75% at baseline.
- Increased on-time reporting: 92% of district hospitals with students submitted LMIS reports on time for the last reporting period, compared to 81% at baseline.
- Improved dispensing and patient counseling: 0% of dispensing personnel observed at baseline adhered to all six dispensing standards, compared to 54% of the students. On average, students adhere to five out of six standards, compared to an average of three standards of dispensing at baseline.

To learn more:

- [Malawi Pharmacy Assistants Program](#)

Performance Management and Supportive Supervision for Supply Chain Management

To address low motivation for logistics tasks and lack of performance support and outdated or non-existent standard operating procedures

Performance management includes clearly articulating performance expectations, observing staff in their roles and providing feedback, and recognizing staff when they perform well. Supportive supervision, a tactic of performance management, is a process that involves helping staff to continuously improve their own work performance. Supportive supervision is carried out in a respectful and non-authoritarian way, with a focus on using supervisory visits as an opportunity to improve knowledge and skills of SCM staff. During supportive supervision, supervisors work with staff to set goals, monitor progress toward goals, increase knowledge, build on previous training and skills, and identify and solve problems. Performance management and supportive supervision have not only been shown to improve job performance, motivation, and important indicators, such as rational medicine use, but are also critical to job satisfaction, which leads to higher rates of staff retention. While supportive supervision is common for health workers, staff with supply chain and logistics-related duties need to receive supervision tailored to SCM. Staff with multiple roles should receive supervision for SCM as well as for patient-centered or clinical tasks. For example, supervisors of pharmacy staff who are responsible for inventory management at the SDP may check stock cards, answer questions about logistics forms, and modify supervision checklists to include questions about supply chain tasks.

When should performance management and supportive supervision for SCM be considered?

Always! Unlike some of the promising practices listed in this document, supportive supervision is always recommended regardless of supply chain strategy or commodity use. Performance management and supervision for SCM require financial resources and HR. They are a cornerstone of an effective system.



ZIMBABWE

Zimbabwe's Essential Drugs' Action Programme was established in 1986 with the goal of ensuring appropriate availability, accessibility, affordability, and use of medicines. A major component of this program was training related to stock management and rational medicine use. The training was initially effective, but over time, stock management achievements declined. In response, pharmacists or pharmacist technicians from each province were required to attend a two-week national training on medicines management supervision. The training included information on communication, principles of stock management, the use of standard treatment guidelines, organization of supervision, use of checklists, report writing, and interpretation of indicator studies. There were also practical components, including role plays and visits to health facilities. Before ending, attendees were asked to complete an examination and a plan of action.

To determine the impact of supervision on stock management, health facilities were randomized to receive supervision in either stock management (intervention) or adherence to standard treatment guidelines (control), and there was an independent comparison group. The intervention and control facilities each received two supervision visits, held approximately three months apart. During each visit, supervisors initiated a discussion with staff, focusing on areas of weakness identified in the baseline survey. Together, staff and supervisors agreed on ways to improve going forward.

More than six months after the final supervision visit, the intervention group showed statistically significant improvements in the following:

- Physical counts recorded: 47% at baseline; change +17 percentage points; p-value 0.020
- Correct minimum stock: 21% at baseline; change +14 percentage points; p-value 0.022
- Use of stock book: 67% at baseline; change +20 percentage points; p-value 0.014
- Correct use of stock book: 13% at baseline; change +38 percentage points; p-value 0.002

To learn more:

- [The Impact of Supervision on Stock Management and Adherence to Treatment Guidelines: A Randomized Controlled Trial](#)

MALAWI

With support from CHAI and the USAID | DELIVER PROJECT, the Health Technical Support Services Department of the MOH launched an integrated supportive supervision and peer mentoring program for pharmacy technicians. Its main aim was to strengthen the district pharmacy technicians' (DPTs) role in supervising health facility in-charges and health surveillance assistants (HSA) on logistical matters to ensure improved LMIS reporting from facilities, better storage practices, and better management of health commodities across all programs (HIV, essential medicines, malaria, tuberculosis, and family planning). A total of 168 facilities are visited in a quarter, with each of the 14 teams visiting six facilities per district.

Pharmacy Technicians from districts that demonstrate a high level of performance in LMIS reporting are selected as mentors. The mentors, along with pharmacy technicians from other programs (malaria, Integrated Management of Childhood Illness, etc.), pharmacists from the MOH, as well as program staff from CHAI and USAID | DELIVER, make up the supervision teams that conduct site visits to district-based pharmacy technicians. The supervision team identifies knowledge and skill gaps in the mentee (pharmacy technician) and facility-level staff (in-charges and HSAs) and collaboratively model best practices in such areas as storage guidelines and inventory management. Both the mentor and the supervisor are provided with checklists that they complete during the visits. The mentors complete the mentor checklist form to evaluate the mentee's performance, and the supervisors complete the supervisor evaluation checklist to evaluate the mentor's performance. At the end of the mentorship and supervision exercise at each facility, the supervision team provides feedback to facility staff and draws up an action plan for the facility to address areas requiring improvement.

Outcomes/Observations

- Demonstrated proficiency of DPTs in using the district logistics monitoring and supervision tool to work with the health facilities.
- Improved capacity of DPTs in modeling best practices at facilities and with adherence to storage guidelines and inventory management.
- Improved reporting of LMIS data.
- Increased visibility of systemic logistics issues occurring at facilities.

In general, the pharmacy mentorship program has contributed to capacity building and increased appreciation of the LMIS by health workers.

Create and Use Human Resource Policies and Plans to Support Supply Chain Management

To address outdated or non-existent standard operating procedures and the lack of a systematic approach to human resources for supply chain management

Robust policies and plans to support SCM are critical elements to effectively use HR to strengthen supply chains. Actions range from relatively simple changes, such as updating job descriptions to make sure that they include SCM tasks and updating manuals and procedures at the SDP level to include standard operating procedures for logistics tasks, to more involved work, such as creating and enacting national-level strategic plans for HR in SCM and budgeting for HR for SCM.

Creating policies that support the professionalization of SCM is another key consideration. For example, providing continued learning opportunities and a career ladder for SCM personnel may help attract and retain employees. The Namibia example highlighted above is an illustration of an effort to create a career ladder by allowing pharmacy assistants to count their training toward becoming pharmacy technicians.

In addition, for supply chains to function at an optimal level, key supply chain personnel need to have appropriate influence and access to managers across the health system. For example, in the private sector, the person in charge of SCM often works with the heads of sales, marketing, and finance to discuss needs across these business disciplines and to ensure that the supply chain is responsive to those needs. The public health sector equivalent would be elevating SCM to the directorate level or ensuring that the appropriate directorate in charge of SCM is prioritizing and representing this discipline at the leadership level.

When are HR policies and plans to support SCM needed?

Always! Due to the multitude of barriers countries are facing in HRH generally, and for supply chain specifically, it is likely that most countries have room to strengthen HR policies and procedures for SCM. Conducting an assessment of a country's capacity in HR for supply chain is a good place to start gaining a better understanding of baseline SCM capability and identifying gaps. Documents such as the [Human Resource Capacity and Development in Public Health Supply Chain Management: Assessment Guide and Tool](#) can be used for assessments. The assessment is only the first step. Once gaps are identified, countries need to work toward a systematic approach to HR for SCM, including engaging all relevant stakeholders, creating and revising HR policies, and planning and recruiting the appropriate workforce.

BURKINA FASO

In Burkina Faso, SCM is mostly carried out by pharmacists and pharmacy technicians who work at all levels of the health system. However, the country's public health supply chain struggles with weak logistics management, poor management capacity, and challenges coordinating procurement, warehousing, and distribution. To address these challenges, Burkina Faso's MOH has been working to create a systematic approach to HR for SCM since 2005. This process has included working with numerous partners and steadily making progress in changing policies and procedures over time. For example, in 2007, the Bioforce Institute founded the Center of Expertise, Research, and Development in Health Logistics in the western region of the country to support a systematic approach to HR for SCM across all health programs, regardless of health focus. In 2011, a working group was created to aid the MOH with creating policy aimed at professionalizing health logistics managers. Most recently, Burkina Faso has spent 18 months drafting and working to implement its Strategic Action Plan for Human Resources in SCM. The country's plan endeavors to professionalize logistics personnel. This includes pre-service and in-service training of logistics personnel, the addition of a logistics curriculum at the National School of Public Health, and the creation of a health logistician position in the country's legislation. In addition, at the district level, manuals and procedures are being revised and appropriate staff identified and trained to become health logisticians.

To learn more:

- [Professionalizing Health Logistics in Burkina Faso: Challenges, Implementation and Sustainability](#)

Conclusion

The practices highlighted in this brief are in some ways quite straightforward. To make any progress in addressing supply chain weaknesses, a systematic approach to HR management is needed, including competent, well-trained personnel who are supported in their logistics work by supervisors, clear procedures, and strong policies. Mobilizing the resources and political will to enact these practices, however, takes the engagement of stakeholders, consistent advocacy, and time. As is illustrated in the Burkina Faso example, work toward revamping a country's HR strategy is a multi-player, multi-year process. However, with a systematic approach and consistent effort, health systems may effectively recruit, train, and deploy a workforce to meet their supply chain needs and increase the professionalization of these personnel. The [People that Deliver Initiative](#) focuses on advocacy and tools needed for HR in SCM in the health field and is a good resource for further information on promising practices in HR, including the [Human Resource Capacity Development in Public Health Assessment Guide and Tool](#) and the [Competency Compendium for Health Supply Chain Management](#).

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