



# NAMIBIA - SUPPLY CHAIN HR SITUATION

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# Overview



- Introduction to Namibia
- Overview of Health System and Supply Chain
- Key Findings of Human Resources for Supply Chain Management Assessment
- Key HR related findings of SWOT analysis of Central Medical Store
- Conclusions

# Introduction to Namibia

- ◆ In South Western Africa
- ◆ Area ~ 824,000 km<sup>2</sup>, Population ~ 2.1 million
- ◆ Second lowest population density in the world
- ◆ Classified as Upper Middle Income by World Bank
- ◆ Gini coefficient = 74.3, therefore high rate of income inequality
- ◆ Over half population lives on < 2 USD/day

# OVERVIEW OF HEALTH SYSTEMS AND SUPPLY CHAIN IN NAMIBIA

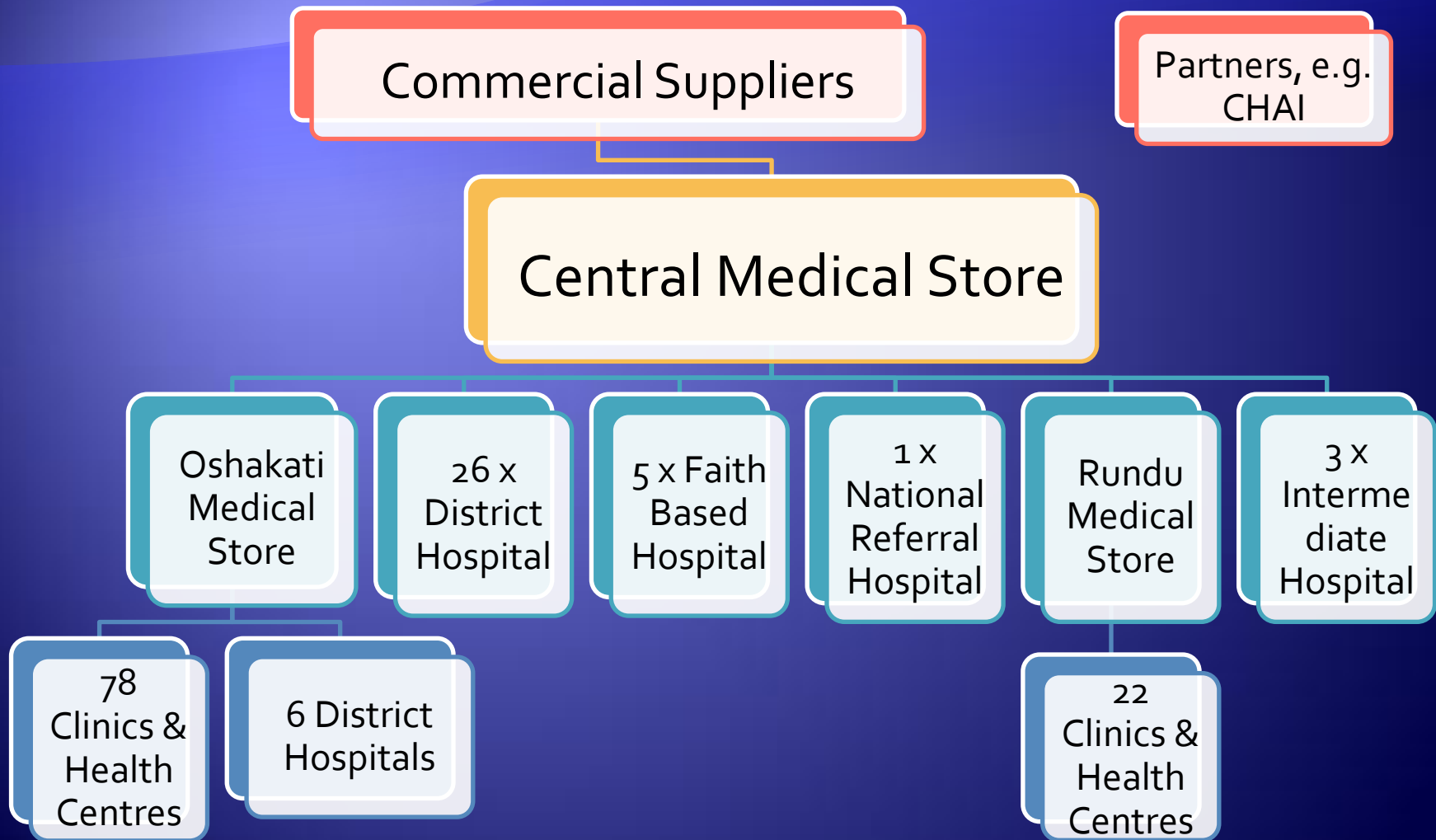


# Supply Chain for Public Health System



- ◆ Central Medical Store (CMS) is responsible for procurement, warehousing and distribution of pharmaceuticals and clinical supplies in one integrated system.
- ◆ Pharmaceutical & related supplies for ALL public health facilities are sourced and distributed by CMS
- ◆ Annual procurement value ~ US\$ 50 million
- ◆ CMS Inventory value~ US\$ 22 million
- ◆ Annual procurement value increased over 350% from 2003 levels
- ◆ Staff establishment of about 45 staff barely changed since 2003

# MoHSS pharmaceutical supply chain





# KEY FINDINGS OF HUMAN RESOURCE CAPACITY FOR SUPPLY CHAIN MANAGEMENT ASSESSMENT



# Supply chain workforce



## Staff at Central Medical Stores:

- ◆ Top Management = Pharmacists 3 on estab + 2 borrowed
- ◆ Mid Level Managers:
  - ◆ Pharmacist's Assistants –two (2) year certificate course offered at Ministry's National Health Training Centre
  - ◆ Chief Clerks – Grade 12 education and min 3 Yrs of experience
- ◆ Operational Staff
  - ◆ Warehouse clerks – Grade 12 education
  - ◆ Work hands – Grade 10 education
- ◆ No specific supply chain certification is demanded during recruitment
  - ◆ Previous experience is considered positively



# Supply chain workforce (2)



## Supply Chain staff at peripheral level

- ◆ Regional Pharmacists – minimum 6 yrs of work experience
  - ◆ one for each of the 13 regions
- ◆ Hospital Pharmacist / s – in each referral hospital
- ◆ Pharmacist's Assistants – two (2) year certificate course
  - ◆ Between one and three at each district hospital
  - ◆ Between four and six at each referral hospital
- ◆ No established pharmacist posts at district hospital level
  - ◆ However, about three-quarters of all district hospitals have a pharmacist responsible for the ART pharmacy services (supported by development partners)
- ◆ Registered and Enrolled Nurses –at most health centres and clinics
- ◆ These cadres have supply chain responsibilities in addition to other patient care responsibilities, but limited training on SCM

# Policy and Plans



- ◆ There is no stated policy or plan specific to human resources for health supply chain
- ◆ Priority given to funding for procurement and little attention to human resources
- ◆ There is a critical shortage of skilled logistics staff
- ◆ Human resource management tools in place:-
  - ◆ Job descriptions –well defined and generally well implemented
  - ◆ SOPs –very well defined but not well implemented
- ◆ HR Management tools that do not exist
  - ◆ Supervision guidelines,      Performance review guidelines
  - ◆ Staff development plans,      Incentive plans
  - ◆ Skills certificates,      Staff retention plan

# Workforce development



## Pre-service training:

- ◆ Increased output of Pharmacist's Assistants at the National Health Training Centre (from 10 to 25 graduates annually)
- ◆ Bachelor of Pharmacy degree course established Feb 2011, at the University of Namibia –intake of 25
- ◆ Supply chain modules included in the pre-service curricula of pharmacist's assistants and pharmacists
- ◆ Some aspects of stock management included in the nursing pre-service curriculum
- ◆ Bachelor of logistics and supply chain management degree program established at Polytechnic of Namibia in 2011
  - ◆ includes an option for distance learning

# Workforce development (2)



## In-service training:

- ◆ Warehouse Operations Management course – one month international course supported by SCMS
  - Targets CMS and RMS mid-level staff
  - Main challenge –turnover of trained staff
- ◆ Ad-hoc ‘basic logistics’ and ‘inventory management’ training for facility level staff -nominated by supervisor
- ◆ Current levels of in-service training insufficient to increase capacity

## Internationally recognized courses offered by institutions:

- ◆ International Trade Centre (ITC) Modular Learning System in Supply Chain Management
- ◆ Chartered Institute of Purchasing (CIPS) and Chartered Institute of Transport (CILT)
- ◆ **These offer opportunities for professionalization of health supply chain staff**

# Workforce effectiveness



- ◆ Well defined job descriptions in place, relevant to work undertaken by each staff member
- ◆ Supervision insufficient throughout system due to high work load
- ◆ Supervision of supply chain related activities in Districts undertaken by Regional Pharmacists, remotely
- ◆ Established Pharmacy Information Management System (PMIS) used for routine monitoring of system performance
- ◆ Bi-annual support supervision visits undertaken by national level
- ◆ Staff performance:
  - ◆ Constrained by staff shortages
  - ◆ Computerized system at CMS eases burden of stock management
  - ◆ No formal performance appraisal or incentive system in place
- ◆ High staff turnover among the mid-level supply chain staff



# KEY HR RELATED FINDINGS OF CMS SWOT ANALYSIS



# Key CMS SWOT findings (1)

## Strengths

- ◆ High qualification of CMS management (pharmacist, MBAs, SPSM<sup>®</sup> (= specialist professional in supply chain management))

## Opportunities

- ◆ Availability of bilateral and multilateral support/ partners/ to support pharmaceutical sector capacity building
- ◆ Inauguration of a Bachelor of Pharmacy degree course at the University of Namibia (UNAM)
- ◆ Increased number of pharmacist's assistants being trained
- ◆ On-going efforts at restructuring of MoHSS likely to expand CMS staff establishment

# Key CMS SWOT findings (2)

## Weakness

- ◆ Critical shortage of technical staff (pharmacists and pharmacist's assistants)

## Threats

- ◆ High turnover of pharmacist's assistants due heavy workload and lack of incentives
- ◆ Attrition of experienced staff due to:-
  - ◆ better compensation and incentive schemes in the private sector
  - ◆ departure of expatriate staff
- ◆ Decreasing funds available from development partners

# Conclusions



- ◆ The Namibian health supply chain is among the best public sector performers in Africa.
- ◆ CMS has maintained service level over 89% from 2006-2009
- ◆ Significant increase in workload without increase in staff levels the supply chain is now overstretched and hence vulnerable.
- ◆ Reforms at all level of the integrated supply chain must be accelerated to maintain the good results achieved to date

# Conclusions



- ◆ In collaboration with teaching institutions, Namibia has the capacity to upgrade current supply chain HR to meet the pressing needs.
- ◆ Its imperative to explore rapid implementation of intermediate level trainings (e.g. certificates) to facilitate strengthening supply chain knowledge in the existing workforce.



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# THANKYOU



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