

ISL 19

Guest editorial

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Two of the papers in this issue were developed from their original eight-page paper delivered at the 19th International Symposium on Logistics (ISL2014) held in Ho Chi Minh City, Vietnam in July 2014. From the 96 papers addressing the ISL2014's theme "Designing responsible and innovative global supply chains," the Program Committee selected 15, inviting authors to submit an extended version to this journal for consideration. Seven papers went through the double-blind peer-review process. The two ISL2014 papers included in this issue focus on external collaboration, an inevitable element undergirding the design of innovative supply chains in the global context.

The first paper, by Ekanayake, Childerhouse and Sun, explores the relational dynamics at both organizational and individual levels within the context of supply chain collaborations. Focusing on how interorganizational and interpersonal ties interact, the authors reveal the critical role of individuals in interorganizational collaborative arrangement, demonstrating how "one or two individuals can make or break a collaborative agreement." They add that amendments to interorganizational-level ties should take cognizance of changes at the interpersonal relationship level. Failure to do so can result in negative knock-on effects on interorganizational links and, ultimately, on organizational performance. This paper highlights the symbiotic relationships between interpersonal and interorganizational ties in contributing to supply chain collaboration success.

In the second paper, Krichanchai and MacCarthy investigate the benefits, challenges and issues of vendor-managed inventory (VMI) in the supply of medicinal products to hospitals. Based on a study of two contrasting VMI projects in Thailand – a successful public project launched under a national healthcare initiative and an aborted private project involving a large hospital and a private distributor – this paper shows that VMI projects work when hospitals perceive little risk and bear no costs. VMI projects are less likely to succeed when a hospital has concerns regarding losing control of vital medicinal supplies to a distributor, or if a hospital perceives that it might land itself in a "lock-in" situation with a particular supplier when alternative brands abound. Findings from this study also suggest that public sector could potentially leverage VMI arrangement to control the stocks of important medicines in hospitals to ensure product accessibility to patients.

Booi H. Kam

School of Business IT and Logistics, RMIT University, Melbourne, Australia

