

## **Overview**



- Quick update re PtD
- A systematic approach to HRH
- Engaging countries for change?

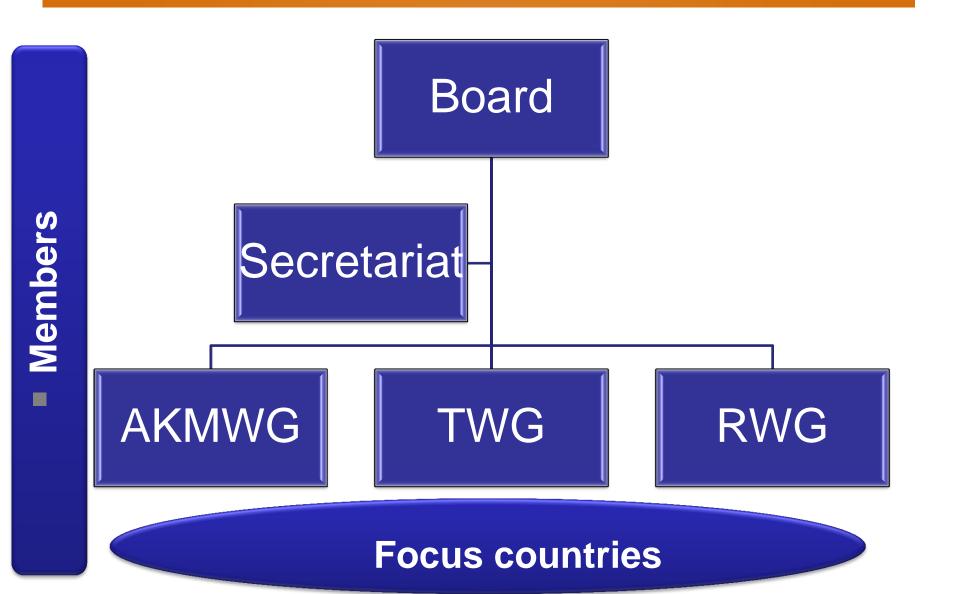
## Significant PtD Milestones



- 2010/2011 USAID in kind support for PtD initial conception out of RHCS HSS Working Group
- June 2011, PtD Global Harmonization and Positioning Conference,
   WHO Geneva
- July 2011 Dec 12, PtD Board established with TOR
- July 2011 July 12, PtD admin, focus countries, & working groups est.
   (Advocacy & Knowledge Management, Technical, & Research)
- June 2012, UNICEF offers to house the PtD Secretariat
- June 2013, Appointment of Executive Manager for PtD
- June 2013, Approval of PtD Strategic Plan
- Aug 2013, PtD Operational Plan approved

## Structure of PtD





## **Current Board**

































# PtD Operational Plan

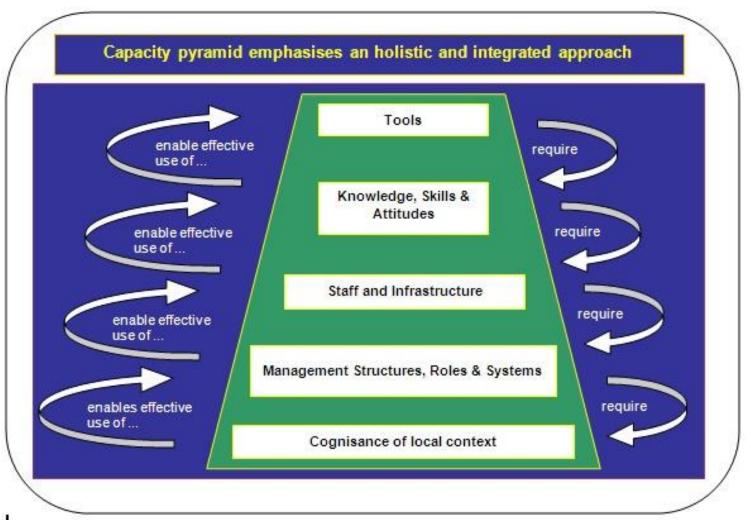


- 1. Tools and evidence development
- 2. Advocacy and resource sharing
- 3. PtD policies, procedures and governance
- 4. Fundraising and leveraging of resources

## **HR within HSS**

## Potter and Brough Model





http://www.ministerial-leadership.org/sites/default/files/capacity%20pyramid%20blog.jpg

## HR for SCM within HRH crisis



#### **Current Paradigm**

Staff rotation/ migration

SC workforce positions do not require relevant SC qualifications

Limited available resources & incentives

Lack of professional status and performance

Clinical staff fill SC position

Shortterm training provided

### Characteristics

- Short-term focus
- Significant expenditure
- Requires extensive external assistance
- Limited long-term progress in human capacity
- Limited sustainability or institutionalization

## HR for SCM within HRH crisis



#### **Desired paradigm**

National institutions provide relevant qualifications

Qualified staff hired/ contracted for SCM positions

**Appropriate** 

career

incentives

provided

SCM jobs desirable; qualifications sought Elevated status for SCM and SCM workforce

High staff satisfaction and retention

#### Characteristics

- Long term focus
- Requires reform of perceptions, policies and practices
- Converts existing expenditures into investment
- Capacity benefits accumulate over time
- Inherently sustainable and country-driven

# A Systematic Approach to HR for SCM









Block 2
Optimize
Policies & Plans



Block 3
Workforce
Development



Block 4
Performance
Management



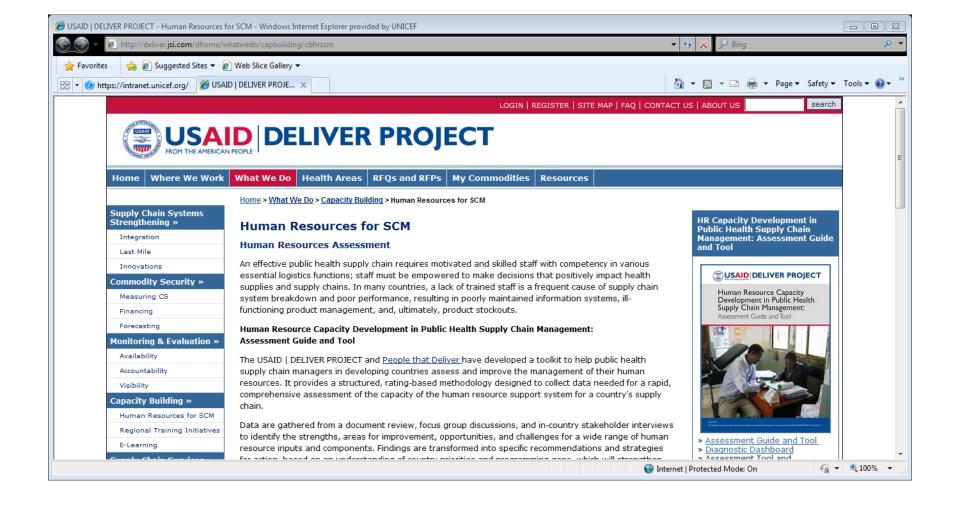
Block 5
Professionalize
SCM

## How to Assess HR for SCM



- USAID DELIVER PtD
- Human Resource Capacity
   Development in Public Health Supply
   Chain Management: Assessment
   Guide and Tool
- Assessment guide and tool
- Dashboard of the five building blocks





# **Key Questions**



How do you engage country based leaders to engage in a systematic approach to HR for SCM?

What does global co-ordination of HR for SCM look like?



Thank You!