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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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<tr>
<td>AAH</td>
<td>Action Against Hunger</td>
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<td>ACT</td>
<td>artemisinin-based combination therapy</td>
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<td>AIDS</td>
<td>acquired immunodeficiency syndrome</td>
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<td>AMI</td>
<td>Amazon Malaria Initiative</td>
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<td>AMR</td>
<td>antimicrobial resistance</td>
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<td>APTS</td>
<td>Auditable Pharmaceutical Transactions and Services (Ethiopia)</td>
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<td>ART</td>
<td>antiretroviral therapy</td>
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<td>ARV</td>
<td>antiretroviral</td>
</tr>
<tr>
<td>CAMEBU</td>
<td>Central Essential Medication Purchasing Agency (Burundi)</td>
</tr>
<tr>
<td>CDC</td>
<td>US Centers for Disease Control and Prevention</td>
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<tr>
<td>CECOMA</td>
<td>Central Medical Stores (Angola)</td>
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<td>CENAME</td>
<td>National Essential Drugs Procurement Center (Cameroon)</td>
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<td>CHAI</td>
<td>Clinton Health Access Initiative</td>
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<td>CMS</td>
<td>central medicine store</td>
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<td>CNLS</td>
<td>AIDS Control Program (Cameroon)</td>
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<tr>
<td>CRMS</td>
<td>Continuous Results Monitoring System</td>
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<td>DGFP</td>
<td>Directorate General of Family Planning (Bangladesh)</td>
</tr>
<tr>
<td>DIGEMID</td>
<td>General Directorate of Drugs and Medical Supplies (Peru)</td>
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<tr>
<td>DNME</td>
<td>National Directorate of Medicines and Equipment (Angola)</td>
</tr>
<tr>
<td>DPML</td>
<td>Department of Pharmacy, Medicines, and Laboratory (Burundi)</td>
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<tr>
<td>DRA</td>
<td>drug regulation authority</td>
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<tr>
<td>DRC</td>
<td>Democratic Republic of the Congo</td>
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<td>DRS</td>
<td>Direction Régionale de la santé</td>
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<td>DTC</td>
<td>Drug and Therapeutics Committee</td>
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<tr>
<td>EDT</td>
<td>Electronic Dispensing Tool</td>
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<td>EHRIG</td>
<td>Ethiopian Hospital Reform Implementation Guideline</td>
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<td>EMF</td>
<td>Emergency Medicines Fund</td>
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<td>EUV</td>
<td>end-use verification (survey)</td>
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<tr>
<td>FDA</td>
<td>US Food and Drug Administration</td>
</tr>
<tr>
<td>FMHACA</td>
<td>Food, Medicines and Health Care Administration and Control Authority (Ethiopia)</td>
</tr>
<tr>
<td>FP</td>
<td>family planning</td>
</tr>
<tr>
<td>FY</td>
<td>fiscal year</td>
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<td>GDF</td>
<td>Global Drug Facility</td>
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<td>Global Fund</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>HCW</td>
<td>healthcare worker</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
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<td>HPD</td>
<td>Hospital Pharmacy Department</td>
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<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illness</td>
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<td>JSI</td>
<td>John Snow, Inc.</td>
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<td>LMIS</td>
<td>Logistics Management Information System</td>
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<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<td>MCH</td>
<td>maternal and child health</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MDR</td>
<td>multidrug resistant</td>
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<tr>
<td>Acronyms</td>
<td>Abbreviations</td>
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<tr>
<td>MNCH</td>
<td>maternal, neonatal, and child health</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MOHFW</td>
<td>Ministry of Health and Family Welfare</td>
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<tr>
<td>MOHSS</td>
<td>Ministry of Health and Social Services</td>
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<tr>
<td>MSH</td>
<td>Management Sciences for Health</td>
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<tr>
<td>NDoH</td>
<td>National Department of Health</td>
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<tr>
<td>NHTC</td>
<td>National Health Training Centre (Namibia)</td>
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<td>NMCP</td>
<td>national malaria control program</td>
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<td>NMRC</td>
<td>Namibia Medicines Regulatory Council</td>
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<td>NTP</td>
<td>national TB program</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
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<tr>
<td>PEP</td>
<td>post-exposure prophylaxis</td>
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<tr>
<td>PEPFAR</td>
<td>US President’s Emergency Plan for AIDS Relief</td>
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<td>PFSA</td>
<td>Pharmaceutical Fund and Supply Agency (Ethiopia)</td>
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<tr>
<td>PMI</td>
<td>President’s Malaria Initiative</td>
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<td>PMIS</td>
<td>pharmaceutical management information system</td>
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<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission</td>
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<tr>
<td>PNILP</td>
<td>national malaria control program (Burundi)</td>
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<td>PNLP</td>
<td>national malaria control program (Guinea)</td>
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<td>PNLS</td>
<td>national AIDS control program (DRC and Togo)</td>
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<td>PNME</td>
<td>Program for Essential Medicines (Angola)</td>
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<tr>
<td>PPMRc</td>
<td>procurement planning and monitoring report for contraceptives</td>
</tr>
<tr>
<td>PPMRm</td>
<td>procurement planning and monitoring report for malaria</td>
</tr>
<tr>
<td>PSI</td>
<td>Population Services Inc.</td>
</tr>
<tr>
<td>PSM</td>
<td>procurement and supply management</td>
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<td>PTCs</td>
<td>Pharmaceutical and Therapeutics Committees</td>
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<td>PV</td>
<td>pharmacovigilance</td>
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<td>RDT</td>
<td>rapid diagnostic test</td>
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<td>SCMS</td>
<td>Supply Chain Management System (project)</td>
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<td>SIAPS</td>
<td>Systems for Improved Access to Pharmaceutical Services</td>
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<tr>
<td>SOP</td>
<td>standard operating procedure</td>
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<td>SPS</td>
<td>Strengthening Pharmaceutical Systems [Program]</td>
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<td>STG</td>
<td>standard treatment guideline</td>
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<tr>
<td>SUGEMI</td>
<td>national pharmaceutical management system (Dominican Republic)</td>
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<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>TIPC</td>
<td>Therapeutics Information and Pharmacovigilance Center (Namibia)</td>
</tr>
<tr>
<td>TOR</td>
<td>terms of reference</td>
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<td>TOT</td>
<td>training of trainers</td>
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<tr>
<td>UCDC</td>
<td>Ukrainian Center for Disease Control</td>
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<tr>
<td>UNAM</td>
<td>University of Namibia</td>
</tr>
<tr>
<td>UNCoLSC</td>
<td>UN Commission on Life-Saving Commodities</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>US Agency for International Development</td>
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<tr>
<td>WAHO</td>
<td>West Africa Health Organization</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>XDR-TB</td>
<td>extensively drug-resistant tuberculosis</td>
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INTRODUCTION

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, awarded by USAID in September 2011, strengthens the management of essential medicines and health supplies so that more people can access the health care they need. Now in its sixth year, SIAPS works with local counterparts and partners in 13 countries and 2 regional programs during the third quarter. SIAPS takes a comprehensive approach to improving pharmaceutical systems: enhancing countries’ capacity to procure and distribute high-quality medicines and health technologies, while working with local partners to develop strong systems for pharmaceutical financing, human resources, governance, information, service delivery, and pharmacovigilance. By promoting local ownership of wide-ranging initiatives, stronger, more sustainable health systems overall are fostered.

The program’s five result areas are as follows:

- Intermediate Result 1: Pharmaceutical sector governance strengthened
- Intermediate Result 2: Capacity for pharmaceutical supply management and services increased and enhanced
- Intermediate Result 3: Information for decision-making challenge in the pharmaceutical sector addressed
- Intermediate Result 4: Financing strategies and mechanisms strengthened to improve access to medicines
- Intermediate Result 5: Pharmaceutical services improved to achieve desired health outcomes

This report presents highlights of SIAPS’s activities organized both by intermediate result area, representing multiple countries where we work, as well as by our global, regional, and country portfolios for the April through June 2017 period.
SELECT PROGRESS TOWARD RESULT AREAS

Intermediate Result 1. Pharmaceutical sector governance strengthened

The SIAPS approach to improving governance focuses on assisting countries in establishing policies and legislation that are supported by rule of law; organizational structures that can exercise appropriate decision making, authority, and oversight; transparent, ethical, and accountable systems and processes that are based on best practice norms and guidelines; and human resource management systems that promote effective performance and ethical practices. One of SIAPS’s primary strategies for improving governance in the pharmaceutical sector is to strengthen regulatory systems that ensure the safety, quality, and efficacy of medicines by regulating pharmaceutical products, establishments, professionals, and practices. SIAPS provides support to national medicines regulatory authorities to build their technical capacity; adopt standards that are harmonized with relevant international and regional regulatory standards; reform processes to make them more efficient and transparent; and upgrade information management systems for improved transparency, oversight, and accountability to enable timely access to medicines and other health supplies.

Policy, Legislation, and Contractual Agreements

In Ukraine, SIAPS concluded its long-term technical assistance to help the government streamline the selection of medicines procured with public funds. When multiple, non-harmonized lists of medicines are available, as was the case in Ukraine, and procedures for their use in public procurement are not well described, procurements are vulnerable to duplication, inefficiencies, and even potential conflicts of interests or corruption. In March 2017, the national essential medicines list (NEML) that will be used nationwide as the sole list for public procurement was approved by the Cabinet of Ministers. In this reporting period, SIAPS helped to develop amendments to adjust the timelines included in the regulations, which will provide for and foster good governance in the selection of the NEML expert committee members and regulate the medicine selection process in the future. Also in this reporting period, regulations that address the use of NEML medicines and the methodology for quantifying NEML product needs were prepared with assistance from SIAPS and submitted to the Ministry of Health (MOH) for public comment.

Earlier this year, SIAPS provided technical assistance to update the national legislation in Ukraine that supports the use of framework agreements for the public procurement of health products to align it with changes introduced in the public procurement law. Framework contracts are long-term arrangements that are widely used by governments in industrialized countries because they foster a competitive and transparent market environment. They also reduce opportunities for kickbacks, which can occur with separate tenders for multiple, small, and frequent medicine and medical supply purchases. The legislation is now in the final stage of approval and is expected to be finalized by the end of July 2017.

In Guinea, the Minister of Health signed the ministerial decree that provides for the establishment of the Logistics Management Unit (LMU) and issued a letter appointing the LMU
coordinator. SIAPS supported the development of the ministerial order and advocated for its adoption.

**Standards, Guidelines, and Procedures**

SIAPS country teams worked with partners and counterparts in this reporting period to revise, finalize, and implement a number of guidelines, lists, and SOPs, which provide the foundation for good governance and better practices in pharmaceutical systems. Some examples are listed below.

In **Swaziland**, the MOH public procurement manual and the accompanying standard bidding documents were finalized and submitted to the Swaziland Public Procurement Regulatory Agency for final review and approval. As a result of this SIAPS-supported activity, the country now has a set of robust procurement documents that are consistent with existing public procurement legislation. The completion of these documents represents an important milestone toward promoting standardized practices in pharmaceutical public procurement. Also in Swaziland, the MOH is working with local partners to update the national HIV treatment and care guidelines. SIAPS has been requested by the MOH to update the section that addresses drug interactions and adverse drug reactions.

SIAPS has been providing technical support to a working group established by the **Ukrainian** MOH’s State Expert Center (SEC) to develop national pharmacovigilance (PV) guidelines based on updated modules issued by the European Union, which set out best practices for member countries. SIAPS technical assistance successfully concluded in this reporting period with the finalization of 10 of the 16 modules that make up the guidelines. All 16 modules of the national PV guidelines have now been finalized and submitted to the MOH for approval and 4 have now been approved.

In the **Philippines**, the laboratory network monitoring guide was finalized with support from SIAPS. Regional and provincial medical technologists now have a standardized and comprehensive tool to assist them in monitoring the laboratory networks in their respective areas.

**Transparency and Accountability**

In **Sierra Leone**, SIAPS has been supporting the Directorate of Drugs and Medical Supplies (DDMS), which is the directorate within the Ministry of Health and Sanitation responsible for oversight and support in the pharmaceutical sector, to review its organogram and define the roles and responsibilities of its constituent units. In this reporting period, SIAPS helped the DDMS to convene a one-day meeting of Directorate staff to review and finalize the organogram that will help to clarify roles and responsibilities and enhance accountability within the Directorate. The meeting, which was organized as part of a SIAPS-led, two-week Leadership Development Program (LDP), also addressed terms of reference for the DDMS. In addition, the LDP course included a training-of-trainers component that enabled 17 pharmacists to build their capacity to train others in the principles of leadership, management, and governance practices, among other topics. The new trainers then co-facilitated their first training for 35 participants drawn from across the country.
SIAPS has been assisting the MOH in Namibia with installing the facility electronic stock card (FESC) in public health facilities that provide antiretroviral therapy (ART) services and training staff in its use. In addition to improving data and inventory management of antiretroviral medicines (ARVs) and freeing up staff to provide services, the SIAPS-supported FESC provides auditable records of transactions to promote accountability. In this reporting period, seven new facilities began using FESC. A total of 48 facilities are now using the tool across the country.

**Coordination, Partnership, and Advocacy**

In the Philippines, SIAPS has been supporting the Quezon City Health Department since 2012 to establish Barangay Health Management Councils (BHMCs), which bring together community-based groups, officials, and health providers to improve TB program management and service delivery in urban-poor settlements (barangays). The final revisions were made to the guide that SIAPS developed to support further expansion of the BHMC initiative. The guide provides step-by-step information to assist local government units prepare for establishing BHMCs (conducting a situational analysis and bringing together the BHMC core team and secretariat); initiating BHMC functions (developing and implementing a work plan, tracking implementation and results of planned activities); systematically monitoring and evaluating BHMC performance; and employing strategies to institutionalize and sustain the BHMCs.

Other examples of coordination efforts supported by SIAPS to promote more informed decision making, foster transparency and accountability, streamline supply chain management and service delivery, and improve the efficiency of planning, allocation, and mobilization of government and donor resources include the following:

- SIAPS assisted the procurement and supply management technical working group of Guinea’s national malaria control program in organizing two meetings to review stock levels of antimalarial products at the national level.
- In Mali, SIAPS helped organize quarterly meetings of logistics partners to validate the quantification estimates for malaria and family planning commodities at the central and regional levels.

**Strategic Planning**

After a fire in mid-June 2017 destroyed Guinea’s central medical stores (PCG) and wiped out millions of dollars’ worth of medicines and supplies, SIAPS provided lead support to the steering committee established by the minister of health in developing a contingency plan that identified immediate actions needed as well as a mid-term strengthening plan that addressed PCG’s warehouse capacity and safety constraints. Immediate actions identified in the contingency plan pertain to determining the extent of losses; checking stock status and identifying emergency procurements needed; and supporting PCG to resume warehousing and distribution activities.

Other SIAPS support to strategic planning activities include organizing the dissemination of the national regulatory authority’s five-year strategic plan in Bangladesh and providing inputs to finalize the national tuberculosis (TB) program’s five-year strategic plan to eliminate TB in the Philippines.
Intermediate Results

**Regulatory Systems Strengthening**

In May, SIAPS and the Directorate General of Drug Administration (DGDA) of Bangladesh launched the online medicine registration system, Pharmadex. A total of 150 participants attended the ceremony, including high-level officials representing the Ministry of Health and Family Welfare (MOHFW), Parliament, the Bangladesh Association of Pharmaceutical Industries (BAPI), and USAID. Representatives from pharmaceutical manufacturers, professional associations, and academic institutions also attended. The event provided the opportunity to disseminate important tools, including the Common Technical Document guidelines for modules 1-3, which were recently adopted, and the Pharmadex user manual for applicants and DGDA officials. After the launch, SIAPS and DGDA developed an implementation plan that prioritizes online registration for certain products and provides for the online submission of applications by using Pharmadex by 10 companies for the initial phase of the roll-out.

Also during this quarter, SIAPS assisted the DGDA to finalize and disseminate the agency’s five-year strategic plan (2017-2021) for strengthening the regulatory system in Bangladesh. SIAPS developed the strategic plan in collaboration with DGDA and solicited additional inputs from USAID, the Promoting Quality of Medicines (PQM) Program, the World Health Organization (WHO), MOHFW, BAPI, and select pharmaceutical companies. The strategic plan contains seven strategic goals, including ensuring an appropriate legal and institutional framework, mobilizing adequate financial resources, and ensuring operation of a functional quality control laboratory. It aligns with the MOHFW’s fourth sector-wide development program (2017-2022) and will assist Bangladesh in achieving the maturity level required for WHO prequalification. In addition, SIAPS provided basic and advanced training on Good Manufacturing Practices (GMP) for the higher-level officials of DGDA. Following the interactive training sessions, the participants spent three days conducting mock industry inspections at select pharmaceutical manufacturing facilities.

In Mozambique, SIAPS supported the Pharmacy Department’s inspection unit goal of improving the importation of medicines by simplifying the process, eliminating activities that do not add value, standardizing procedures, and ultimately reducing the time to process authorizations for importation. Following the development of flow charts and process maps representing the current situation and process in three main areas—certification of importation request, narcotics certification request, and customs clearance—SIAPS developed a tool to determine the average time it takes to complete the importation process and establish a baseline. Next quarter, SIAPS and the Pharmacy Department’s inspection unit will hold a process improvement workshop with stakeholders, begin implementing key interventions, and develop SOPs for importation. SIAPS also assisted the Pharmacy Department to train more applicants in dossier submissions using Pharmadex. During the trainings, applicants have provided feedback on the system and made suggestions for improvement, which may be incorporated into the next version of the software currently under development. The number of dossiers submitted on Pharmadex increased from 57 submissions last quarter to 144 submissions this quarter.

This quarter, the Namibia Medicines Regulatory Council (NMRC) licensed the registration of TDF/FTC (trade name Truvada®) for pre-exposure prophylaxis (PrEP)—a process that was
facilitated by SIAPS. The availability of TDF/FTC for PrEP in Namibia has the potential to significantly reduce new HIV infections among high-risk groups. SIAPS is working with NMRC to improve the efficiency of the registration system and reduce the time it takes to approve pharmaceutical products through the use of a web-based version of Pharmadex. During this quarter, SIAPS and NMRC tested the latest version of the tool while orienting eight NMRC staff members and soliciting their feedback for programmers, who are continuing to update and customize the tool according the NMRC’s requirements and specifications.

SIAPS continued to support the Office of the Chief Pharmacist in Swaziland this quarter with the establishment of the Medicines Regulatory Authority (MRA). To improve importation, SIAPS helped designate ports of entry for pharmaceuticals in collaboration with the Swaziland Revenue Authority and limit pharmaceutical importers to only those who meet minimum requirements established by the MOH. As a preliminary step toward monitoring and ensuring the quality standards of pharmacy personnel and retail pharmacies, SIAPS assisted the pharmaceutical recruitment and training committee in conducting an annual assessment of training institutions to ensure pharmacy training standards under the direction of the Swaziland Higher Education Council and creating a list of retail pharmacies.

**Intermediate Result 2. Capacity for Pharmaceutical Supply Management and Services Increased and Enhanced**

The lack of qualified pharmaceutical professionals, institutions for pharmaceutical training, and updated curricula are challenges faced by resource-constrained countries. SIAPS collaborates with stakeholders to assess their capacity to manage pharmaceuticals at all levels, to identify areas for improvement, and to develop interventions to strengthen the system and build capacity. To date, SIAPS has trained over 50,500 professionals (33% female and 61% male) from 22 countries in several areas of pharmaceutical management (Figure 1).

![Figure 1. Number of trainees under the SIAPS Program](image-url)
**Pre-Service Training**

In July 2017, SIAPS/Dominican Republic held meetings with the Universidad Central del Este, to agree on the technical and administrative arrangements for the launching of the third Certified Course on Rational Use of Medicines and the fourth Course on Pharmaceutical Management.

In Namibia, 38 pharmacist assistants, 22 pharmacy technicians, and 33 pharmacists graduated from the National Health Training Center (NHTC) and the University of Namibia’s School of Pharmacy (UNAM-SoP). The 93 graduates brought the cumulative number of pharmacy professionals trained in SIAPS’s program lifetime to 252, which is 53% above the life-of-project target of 164 graduates. USAID’s support to the NHTC and UNAM-SoP through SIAPS continues to significantly increase the availability of local, qualified, certified pharmacy staff to decentralize and expand access to ART services and improve the quality of dispensing services.

**In-Service Training**

To date, 10 countries have developed or revised 40 in-service health professional training curricula with SIAPS assistance (Figure 2).

![Figure 2: SIAPS-supported countries with developed/revised training curricula](image)

SIAPS/Bangladesh conducted sub-national procurement training for 500 district-level managers to accelerate the procurement system at the sub-national level using Public Procurement Rules
(PPR) and the Public Procurement Act (PPA). The countrywide training took place through 18 orientation workshops.

In May, SIAPS/Dominican Republic trained staff at the HIV treatment center Centro Sanitario, on the Integrated System for Medicine and Supply Management (SUGEMI) dispensing procedures. SIAPS also trained staff at the Metropolitan Regional Health Service on procedures for integrating antiretrovirals into SUGEMI.

SIAPS/Sierra Leone trained pharmacists from the Directorate of Drugs and Medical Supplies (DDMS), hospitals, and districts on leadership, management, and governance using the Leadership Development Program (LDP) approach. SIAPS taught pharmacists basic practices of good leadership, management, and governance to help them identify challenges, solve problems, and lead their teams. It was the first such training in the country, which is still rebuilding and strengthening its health system after the Ebola epidemic. To create a pool of LDP facilitators who could then cascade the program as trainers throughout the 13 districts of Sierra Leone, 17 pharmacists from DDMS, districts, and hospitals participated in a two-week training of trainers (TOT). The new trainers facilitated the first cascade training for 35 participants drawn from the pharmaceutical sector.

**Supportive Supervision and Mentoring**

Working with the Direction Régionale de Santé (DRS), SIAPS/Guinea conducted supportive supervision visits in health facilities to verify if established logistics procedures are being followed, identified weaknesses in performance, and addressed gaps by providing on-the-job training (OJT) to facility personnel. OJT focused on completing the LMIS forms and reports and adequate stacking and storage of pharmaceutical products.

SIAPS/Swaziland continues to provide support to health facilities toward improving HIV/TB pharmaceutical services through supportive supervision on inventory management, good dispensing practices, counselling of patients on HIV/TB treatment, and monitoring ADRs. A total of 11 of the 16 priority HIV treatment sites have been reached for supportive supervision. During the routine supportive supervision, 12 pharmacy personnel were mentored on good dispensing practices and inventory management; 7 of the pharmacy personnel reached were pharmacists and 5 were pharmacy technicians.

**Institutional Capacity Building**

During this quarter, SIAPS/Philippines finalized the Barangay Health Management Council (BHMC) Guide to help local government units (LGUs) establish BHMCs in their areas to improve the delivery of TB control services. The guide includes the steps to be taken during the preparatory phase, including guidance to conduct the barangay situational analysis and the organization of the BHMC core team and secretariat. It also covers the development of the BHMC work plan, implementation of the plan, and monitoring and evaluation of the implementation process and BHMC performance.
SIAPS/Sierra Leone supported the printing of the new improved daily pharmacy/treatment and monthly summary report registers. In addition, SIAPS conducted TOT for DDMS and all district pharmacists and district information and M&E officers on the use of the registers and reporting so they can conduct cascade training for peripheral health units (PHUs) and hospital staff. Cascade training on the treatment registers for seven districts will be completed by June 2017. After the cascade training, registers will be distributed to every health facility, and the obsolete versions will be retrieved.

**Tools for Capacity Building**

SIAPS/Guinea completed the training of health personnel in the eight regions of Guinea on use of the standard operating procedures manual for the integrated Logistics Management Information System (LMIS). In total, 511 health personnel from DRS, prefectures, hospitals, and health facilities were equipped with adequate knowledge and skills to fulfill their responsibilities and correctly operate the logistics system. Trained health personnel were provided with copies of blank LMIS reports sufficient to support reporting of logistics data for six months. In addition, the Logistics Management Unit (LMU) launched routine monitoring of the logistics system to determine if health facilities are reporting logistics data. The project initiated deployment of the eLMIS in Guinea by installing the server and providing administrator training for super users.

In addition, in collaboration with the UNFPA, SIAPS/Guinea supported the Directorate of Pharmacy and Medicines (DNPM) to facilitate a five-day workshop involving staff from the central, regional, prefectural, and health facility levels to review the performance of family planning and reproductive health (FPRH) supply chain indicators and commodity availability at the end-user level. Key findings from FY17Q2 performance data reveal that inventory management tools are not rigorously used and that stock-outs are recurrent in health facilities. After reviewing and discussing these findings, participants at the workshop developed a plan to redeploy excess quantities of FPRH commodities to those health facilities in need and emphasized the need to reinforce facility staff’s skills to correctly use stock management tools and prevent/minimize stock imbalances (stock-outs and expiries).

SIAPS/Mali strengthened the capacity of local partners, including the Department of Pharmacy and Medicines (DPM) and the National Agency of Telehealth and Medical Informatics, to take over the management of OSPSANTE. A two-day training was conducted by SIAPS on the back- and front-ends of OSPSANTE. To ensure a seamless transition, SIAPS also provided all system requirements to host OSPSANTE in a server owned by national entities.

In addition, SIAPS/Mali has provided technical support to the DRS of Bamako to train six health districts on the nutrition and HIV portals into OSPSANTE. The objective of these trainings was to strengthen the skills of the working groups of the different health programs. A total of 15 people (7 females and 8 males) were trained. After the acceptance test, the participants entered reports from January through May 2017 for these programs.

SIAPS/Mozambique assisted the Pharmacy Department in training three applicants in dossier submissions using Pharmadex. During the trainings, applicants provided feedback on the system.
and made suggestions for improvement. During this quarter, the number of dossiers submitted on Pharmadex increased from 57 submissions (last quarter) to 144 submissions.

SIAPS/Namibia oriented six ART pharmacy staff on use of the mobile Electronic Dispensing Tool (mEDT) to dispense and manage patients and stock at primary health care (PHC) facilities implementing the nurse-initiated and managed antiretroviral treatment (NIMART) and outreach sites for ART services in Onandjokwe district. The staff trained included pharmacy staff and administration assistants that have been tasked by district management to support data quality from the EDT by collecting dispensing data from PHC facilities offering ART services.

In addition, SIAPS supported UNAM-SoP in orienting 38 pharmacy technician students on accessing the dashboard for pharmaceutical information and using the dashboard, LMIS, and ART reports in decision making for pharmaceutical services.

SIAPS/Philippines supported the National TB Control Program (NTP) in the roll-out orientation of PViMS. SIAPS has oriented 34 participants from Region VI. SIAPS has built the capacity of the NTP Training Unit on the orientation of PViMS. During the roll-out orientation, SIAPS provided support by creating 517 user accounts and test patients for the participants from various regions.

As follow-up to the Sierra Leone Pharmaceutical Dashboard, a web-based early warning system that provides visual data on real-time patient and product information, SIAPS supported further development of the dashboard to extend beyond HIV/AIDS to include other health programs (i.e., malaria, TB/leprosy, and reproductive health products). A training was carried out from June 14-17 for reproductive health, malaria, and TB/leprosy program focal persons from all districts. The training and demonstration of the modules added to the dashboard for health programs and Continuous Results Monitoring and Support System (CRMS) was provided to district information officers, district pharmacists, and district M&E officers from all districts as well as maintenance and management training for DDMS IT staff and the Directorate of Policy, Planning, and Information (DPPI) staff.

**Intermediate Result 3. Utilization of information for decision making increased**

The SIAPS approach to management information systems is to harmonize and integrate the collection and presentation of accurate, quality pharmaceutical and other commodities data in a timely and consistent manner. This data is intended to assist decision makers and health workers at all levels of a country’s health system make evidence-based decisions, manage health and laboratory commodities and pharmaceutical services, and measure, monitor, and evaluate progress. SIAPS’s approach includes carefully assessing interventions related to information systems to determine the feasibility and long-term effect of their implementation; striving to find the best solution to address health-related data collection, processing, reporting, and decision-making challenges; and supporting country ownership and sustainability. SIAPS’s pharmaceutical management information tools, such as RxSolution, Pharmadex, e-TB Manager, QuanTB, OSP-SANTE, OSPSIDA, Electronic Dispensing Tool (EDT), the Pharmacovigilance Data Collection and Analysis Tool, and the recently launched Pharmacovigilance Monitoring
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System (PViMS), support both product and patient information. The demand for these tools in SIAPS and non-SIAPS countries keeps growing, and SIAPS is working with various partners to expand the use of these tools.

Data Use

In Namibia, the SIAPS-implemented dashboard improves coordination among stakeholders involved in HIV commodity management, increasing the use of pharmaceutical management information for decision making at all levels of the health system and helps improve planning of financial resources for pharmaceutical commodities. In PY6Q3, 92% of facilities reported through the dashboard, after SIAPS supported the Division of Pharmaceutical Services (Div:PhSs) to orient 68 Ministry of Health and Social Services (MOHSS) managers from 14 regions on how to access and use information. Additionally, 53 main ART sites—including nurse-initiated and managed antiretroviral treatment (NIMART) sites—used the EDT and mobile EDT (mEDT) for recording and reporting data on ARV dispensing and ART patients, including early warning indicators of HIV drug resistance.

To improve use of information for decision making in Mali, SIAPS submitted a procurement planning and monitoring report for contraceptives (PPMRc) and procurement planning and monitoring report for malaria (PPMRm) to update national stakeholders and donors on the availability and pipeline of malaria and family planning/reproductive health (FP/RH) commodities at the central level. Based on stock level information and other logistics data of the different pharmaceuticals and medical commodities, several recommendations were made.

In the Dominican Republic, during the month of May, SIAPS supported the National Medicines Directorate and the regional health services in the development of nine regional-level and one national-level SUGEMI bulletins. These bulletins included information on consumption and availability of essential medicines, including ARVs, and TB medicines. Beginning next quarter, the development of these bulletins will be managed by the regional health services with little or no SIAPS support.

In support of Guinea’s National Malaria Program (PNLP), SIAPS facilitated the preparation, data collection, analysis, and results dissemination of an end-user verification (EUV) survey. This survey was conducted in 62 health facilities comprising regional depots, hospitals, and health facilities. Data from this survey revealed that:

- 78% of surveyed health facilities had stock cards for managing health commodities
- 77% of health facilities submitted their malaria LMIS reports on time

In collaboration with UNFPA, SIAPS also supported Guinea’s National Directorate of Family Planning (DNPM) to facilitate a five-day workshop to review performance on FPRH supply chain indicators and commodity availability at the end-user level. Key findings from previous quarter data included:
• 65% stock card availability (compared to 90% the previous quarter\(^1\))
• 22% average stock-out rate (compared to 19.7% the previous quarter\(^1\))
• 72% stock accuracy

These findings reveal that inventory management tools are not rigorously used and that stock-outs are recurrent in health facilities. As noted under Intermediate Result 2, participants at the workshop emphasized the need to reinforce facility staff’s skills to correctly use stock management tools and prevent/minimize stock imbalances (stock-outs and expiries).

Data Quality

SIAPS supported the data verification exercise commissioned by Swaziland’s logistics Data Management Unit (DMU). The data review period was January to March 2017. A purposive random sampling technique was applied for the selection of 50 health facilities to participate in the assessment. In the next quarter, SIAPS will support data analysis and report writing of the data verification assessment.

Supported by SIAPS, Guinea’s Direction Préfectorale de la Santé (DRS) made monitoring and supervision visits to health facilities. The supervision visits looked at core indicators including timely and complete data recording/reporting. The Logistics Management Unit (LMU), together with SIAPS, coordinated with the DRS in following up with health facilities for consistent monthly reporting of LMIS data. As a result, the average LMIS data reporting rate for the previous quarter was 70%.

In Bangladesh, DHIS2 has been adopted and its use has been ramping up in PY6, particularly to report on MNCH commodities. The average reporting rate for seven districts (Natore, Pabna, Kushtia, Jamalpur, Gazipur, Coxsbazar, and Faridpur) in May 2017 was 97%.

\(^1\) PY6Q2 Quarterly Report. Intermediate Result 3.
**Information System Design and Collaboration**

In Guinea, SIAPS continued to provide onsite support to ensure that end-users are comfortable working with the SAGE Enterprise Resource Planning software. SIAPS held regular meetings with the Pharmacie Centrale de Guinée (PCG) management team and the SAGE support team to raise both process and system issues, provide answers to questions, and offer guidance. Additionally during PY6Q3, SIAPS completed the installation and launch of the electronic LMIS (eLMIS) v2.0 server and conducted system administrator training for 25 super-users at the central level. This training provided detailed procedures for setting up an eLMIS server and how to maintain, monitor, and troubleshoot the system. This training built the capacity of a selected pool of national experts that will maintain and manage the eLMIS platform in the future.

SIAPS continued its support to facilities in Swaziland implementing RxSolution. A total of 17 sites—including warehouses, health centers, and clinics across all four regions—were provided with onsite support during this quarter. In PY6Q4, SIAPS will set up an RxSolution dashboard to visualize strategic data that is available on the RxSolution database. This will showcase consumption and stock status reports and early warning indicators for potential stock-outs and expiries.

**Bangladesh**’s Directorate General of Health Services (DGHS) hosted the international conference on Data for Decision (D4D) in Health in April 2017. SIAPS, WHO, USAID, and other global health partners were co-organizers of the event. The conference highlighted global and regional advances in strengthening health management information systems while increasing the level and efficiency of investments, enhancing accountability and management systems, and strengthening institutional capacity to use data for decision making. Approximately 200 people attended the event, including government representatives from neighboring countries.

Finally, in Namibia, SIAPS supported the MOHSS in expanding use of the facility electronic stock card (FESC) to nine more facilities, increasing the total number of FESC sites to 48. FESC has simplified inventory management practices at pharmacies, thereby availing more time for pharmacy staff to provide better care to patients.


The SIAPS approach for strengthening financing strategies and mechanisms for improved access to medicines encourages proper use of existing financial resources, advocating for greater resource mobilization, and reducing monetary barriers prohibiting access to medicines by those most in need. During this quarter, SIAPS supported countries by working to identify pharmaceutical funding gaps and supporting efforts to reduce barriers to medicines. By fostering collaborative relationships among partners, SIAPS continued to strengthen countries’ quantification plans for medicine procurements from the Global Fund and other funders.
**Mobilizing Additional Financial Resources**

Financial constraints continue to threaten commodity security in Swaziland. The results from the SIAPS-supported commodity quantification and forecasting were used to inform the government budgeting process. The total requirement for ARVs including medicines for Kaposi sarcoma and opportunistic infections was SZL 367 million (USD $26.5 million). The preliminary budget allocation has since been confirmed at SZL 274 million (USD $19.5 million). This leaves a gap of about USD $7 million. A Global Fund HIV/TB grant and PEPFAR COP16 funding equivalent to USD $9 million has been earmarked to close this gap.

**Reducing Financial Barriers to Access**

SIAPS/Ukraine continued support to the reimbursement program named “Affordable Medicines.” The program, which started this quarter, covers 21 essential medicines for cardiovascular diseases, type 2 diabetes, and asthma and has a total of 157 different pharmaceutical product forms, 23 of which are provided free to patients. A number of the medicines are dispensed with a small co-payment. The MOH indicates that 4,715 pharmacies are currently accredited to participate in the program, and this number is growing as new contracts are concluded between pharmacies and regional budget holders.

The health technology assessment activities under SIAPS have been completed and the recently developed HTA road map is awaiting approval by the Cabinet of Ministers.

**Intermediate Result 5a. Supply Chain Management**

During the third quarter of PY6, SIAPS supported capacity building through formal training, on-the-job training, mentoring, and supportive supervision for strengthening supply chain management systems. SIAPS supported quantification and stock status updates of health commodities to identify funding gaps, inform procurement and distribution plans, and identify and mitigate stock-outs and expiries of products. In partnership with government stakeholders and other partners, SIAPS provided critical technical assistance to improve processes and systems pertaining to product selection, quantification, procurement, warehousing, distribution, and inventory management.

In Swaziland, SIAPS continues its commitment to improve medicine availability and to provide quality pharmaceutical services to achieve desired health outcomes. During this quarter, The MOH’s Central Medical Stores (CMS) and Swaziland Health Laboratory Services (SHLS) have been working toward better utilization of available infrastructure for storage and distribution of laboratory commodities. SIAPS has engaged temporary staff to assist with the annual stock take, relocation activities to a newly refurbished CMS warehouse, deployment of an electronic inventory management system (RxSolution) at the site, and order picking. A consultant was also engaged to provide technical guidance and tools on the optimal utilization of the new warehouse space.
SIAPS worked closely with the MOH to ensure availability of adequate resources for the procurement of health commodities in the new financial year. In the same quarter, a quantification exercise was completed and the results were used to inform government budgeting for the fiscal year. The total requirement for ARVs including medicines for opportunistic infections was SZL 367 million (USD $26.5 million). The exercise helped identify a gap of about USD $7 million; a Global Fund HIV/TB grant and PEPFAR COP16 funding have been earmarked to close this gap. In the meantime, placement of orders, funded by the Government of Swaziland and PEPFAR, were facilitated.

SIAPS has also worked with PSI and FHI360 to develop condom procurement requirements for general and key populations. As a result, an order of 4 million condoms and 2 million lubricants was placed.

Despite the above achievements, there were also significant challenges encountered during the same quarter. The closure of the CMS for annual stock take affected certain facilities that were unable to obtain their orders before the CMS closed. In addition, some suppliers did not fulfill government purchase orders due to non-payment of past invoices. To alleviate imminent stock-outs, stocks were assessed and moved between health facilities; distributions were expedited once the CMS finalized the stock take. Based on challenges identified during the national quantification exercises, SIAPS is currently working with other local partners in the review of the HIV treatment and care guidelines. In the reporting period, 11 of the 16 priority HIV/TB treatment sites have been reached for supportive supervision; 12 pharmacy personnel were mentored on good dispensing practices and inventory management. As a result of the above activities and achievements, it was possible to avoid stock-out of tracer products this quarter.

This quarter, SIAPS/Bangladesh worked alongside government agencies and other partners to continue the introduction and implementation of supply chain management solutions. SIAPS provided constructive feedback on procurement guidelines, templates, and standard procedures. In addition, SIAPS conducted trainings on sub-national-level procurement of health commodities to 500 district-level managers from all 9 regions of Bangladesh. Such activities are believed to contribute toward proper implementation of the Public Procurement Rules (PPR) and Public Procurement Act (PPA). Through the continuous and comprehensive support provided by SIAPS, the stock-out rate for contraceptives at the health-facility level was reduced further to 0.9%, a significant achievement compared to the target set by the program (1%). On April 9, 2017, fire broke out at the central warehouse located at Mohakhali, Dhaka. SIAPS worked closely with the DGFP team to retrieve information from the Warehouse Information Management System. SIAPS also assisted with a physical inventory of the remaining usable items and made quick quantification of commodity requirements to identify gaps so that the director general can present to the MOHFW meeting for immediate action.

SIAPS supported the Programme National de Lutte contre le Paludisme (PNLP) of Guinea, through the Procurement and Supply Management Technical Working Group (TWG), in assessing the stock status of malaria commodities at the national level. Of all the artemisinin-lumefantrine (AL) formulations, only the AL child stock-level was below the recommended minimum of eight months of stock at the central level. Efforts are already underway to expedite deliveries of orders for this product. Through the comprehensive support provided to PNLP, it
was possible to ensure availability of ACTs in 97.7% of health facilities surveyed during the EUV survey conducted in the quarter.

In collaboration with UNFPA, SIAPS supported DNPM in facilitating a five-day workshop involving the central, regional, prefectural, and health-facility levels to review performance on FP/RH supply chain indicators and commodity availability at the end-users’ level. Key findings include stock card availability (65%), average stock-out rate (21.7%), and stock accuracy (71.9%). These findings reveal that inventory management tools are not rigorously used and that stock-outs are recurrent in health facilities. On the other hand, many health facilities were overstocked with condoms, IUDs, and Microgynon. After reviewing and discussing these findings, participants at the workshop developed plans to alleviate existing challenges.

Working with the Direction Régionale de Santé (DRS), SIAPS conducted supportive supervisions in health facilities. The supervisions covered different aspects of supply chain management, specifically, health commodity storage, quality of record keeping and reporting, stock status, and commodity availability. Overall, the supervision revealed important strengths and challenges. On-the-job trainings were provided during the supervision to alleviate some of the challenges observed. During this quarter, a devastating fire broke out at Central Medical Stores (PCG) in Conakry. As a result, pharmaceuticals worth millions of dollars were reduced to ashes and the country was left with insufficient quantities of ARVs to support the continuum of HIV services. However, the MOH, in collaboration with all stakeholders, has taken preventive measures to ensure that the stock available in regional depots and health facilities is adequately allocated to sustain product availability in all parts of the country. Additionally, urgent formal contacts have been made with regional and international organizations to secure delivery of emergency stock of ARVs. On another front, the signing of a memorandum of understanding for institutionalization of the Logistics Management Unit (LMU) and the appointment of the LMU coordinator by the minister of health was a big stride made this quarter toward creating sustainable supply chain management systems and practices in Guinea.

In Mali, SIAPS supported the Directorate of Pharmacy and Medicines in organization and facilitation of a quantification result validation meeting on malaria and FP/RH commodities. The workshop was held on June 21 and 22, 2017, with active participation by representatives from donor technical and nongovernmental organizations. The opportunity was also used to evaluate the stock status of the MOH’s priority programs: TB, HIV, malaria, FP, and essential medicines. During the meeting, quantification assumptions and results were discussed and consensus was reached on most of the inputs and outputs; constructive feedback was gathered on existing challenges and suggestions to resolve them.

SIAPS continues to strengthen the supply chain management of health commodities in Sierra Leone by working with the Directorate of Drugs and Medical Supplies (DDMS) and the National HIV/AIDS Secretariat (NAS). This quarter, the major areas of focus were quantification of HIV/AIDS commodities, implementation of the Continuous Results Monitoring and Support System (CRMS) throughout the country, and improving warehousing systems and capacities at the health facility level. SIAPS provided critical support and guidance to the NAS and the HIV quantification working group in the development and timely submission of a three-year (2018-2020) proposal for a Global Fund grant. The commodity groups included in the quantification
were HIV rapid test kits; ARVs for ART; medicines and supplies for opportunistic and sexually transmitted infections; condoms and lubricants, CD4, and viral load reagents and supplies; CD4 machines; and other supplies and consumables. During the exercise, the capacity of the HIV/AIDS quantification TWG members and the Monitoring and Evaluation Department staff of the secretariat were greatly improved.

To date, CRMS has been rolled out in all 13 districts in the country and includes 1,055 of 1,241 health facilities (85%). Review meetings and action plans have been held in seven districts. Two districts conducted their CRMS during this quarter, and effective on-site mentoring and supervision were provided. Data from past CRMS is being used to continuously identify PHUs requiring infrastructure improvement, such as shelves, pallets, storage cabinets, and other quick-fix measures, such as fixing locks, windows, and doors for ensuring storage security. During the quarter, 13 PHUs in Tonkolili and Portloko benefitted from pharmaceutical storage infrastructure improvement. This intervention has implications for good storage practices that contribute to better inventory control, increased availability of products, saving of resources, and safety of medicines.

**Intermediate Result 5b. Pharmaceutical Services Improved to Achieve Desired Health Outcomes**

SIAPS improves pharmaceutical services by using a holistic approach that ensures that patients receive medicines optimized to their clinical needs in doses that meet their individual requirements for an adequate time and at the lowest cost to them and their community. During this quarter, SIAPS provided support to countries through various technical areas and strategies, including PV, rational medicine use (RMU), essential medicines lists (EMLs), formularies, standard treatment guidelines (STGs), antimicrobial resistance (AMR), drug and therapeutics committees (DTCs), and treatment adherence.

**Pharmacovigilance**

With SIAPS technical assistance, the Adverse Drug Reaction Monitoring (ADRM) Cell of Bangladesh has been making significant progress in strengthening their adverse event reporting system. During this quarter, more than 100 adverse drug event (ADE) reports were submitted by hospitals and pharmaceutical companies. The Adverse Drug Reaction Advisory Committee (ADRAC) Technical Sub-Committee and ADRM Cell evaluated 153 ADE reports and submitted them to ADRAC. The final draft of the National PV Guideline and standard operating procedures (SOPs) of the ADRM Cell were shared with ADRAC for their review. On June 1, 2017, SIAPS and the ADRM Cell organized the 7th ADRAC meeting. In this meeting, the ADRM Cell made two decisions: to organize one stakeholder workshop in order to inform them of the PV activities and to come to an agreement with national health programs, such as the National TB Program (NTP), National Malaria Program, EPI/AEFI, and HIV/AIDS Programs, so that ADR reports are included in the National Pharmacovigilance Program.

A phased approach is planned for the integration of MNCH commodities, starting at Bangabandhu Sheikh Mujib Medical University (BSMMU) and at one specialized secondary-
level children’s hospital in Khulna division, known as KSH. During this quarter, the SIAPS/Bangladesh team met with four professors from BSMMU to discuss possible MCH-PV activities. The SIAPS team has already shared the training materials and presentations with SIAPS HQ for their inputs.

In Mozambique, the PV Center received 626 ADE reports during this quarter. To improve and simplify the registration, collection, and analysis of ADE data, the Pharmaceutical Department approved the ADR codification system. The next step is to ensure that the focal points are able to create the codes and to ensure adequate use of the codes at all levels. To support this, SIAPS assisted the PV Center in preparing a codification presentation that should be shared with all the provincial PV units and used as training material in supervision activities.

In the Philippines, SIAPS supported the NTP on the orientation for roll-out of the Pharmacovigilance Information Management System (PViMS). SIAPS has built the capacity of the NTP Training Unit on PViMS and oriented 34 participants from region VI. During the roll-out orientation of PViMS by the NTP Training Unit, SIAPS provided support by creating 517 user accounts and test patients for the participants from various regions. In addition, SIAPS continued to support NTP operational research and migrated the nine-month treatment regimen (9MTR) study data of 56 patients to PViMS. A total of 836 adverse events were coded into the Medical Dictionary for Regulatory Activities (medDRA) prior to migration to PViMS. SIAPS also mentored the Lung Center of the Philippines-National Center for Pulmonary Research (LCPNCPR) team in the encoding of bedaquiline (BDQ) data in PViMS. LCPNCPR is using PViMS as their PV tool/database.

In Swaziland, to improve patient safety monitoring reporting rates by clinicians and facilitate more efficient decisions regarding patient safety, SIAPS engaged a data clerk to assist in capturing the ADR reports in health facilities. ADR reports were analyzed and the results will be part of the national database of ADRs which will be used to inform the updating of the national HIV treatment guidelines in the next quarter. Drug-resistant (DR)-TB medicine ADR findings were presented at the DR-TB experts meeting along with a set of supply chain indicators. The indicators aim to ensure DR-TB medicine security to ensure continuous patient treatment and minimize chances of further amplifying TB drug resistance.

In Ukraine, modules 7-16 of the national PV guidelines were submitted to MOH for approval in April 2017. The first four modules were approved in May 2015, and all the rest of the modules (5-16) are now finalized and pending approval.

**Rational Medicine Use**

In Namibia, SIAPS provided technical assistance to the University of Namibia, School of Pharmacy (UNAM-SoP) as a member of the organizing committee for the third Medicines Utilisation Research in Africa (MURIA) Symposium which UNAM-SoP hosted in Windhoek in June 2017 with the theme influencing patient care and policy. With the aim of ensuring availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes, SIAPS has enhanced the capacity of UNAM-SoP to provide pre- and in-service pharmaceutical management training and conduct assessments to inform rational
medicines use (RMU) and prevent antimicrobial resistance (AMR), including HIV drug resistance (HIVDR).

During this quarter, SIAPS/Swaziland assisted four health facilities (Raleigh Fitkin Memorial Hospital, Dvokolwako Health Center, Mkhuzweni Health Center, Piggs Peak Government Hospital and Baylor Clinical Center of Excellence (COE) Clinic) to implement quality improvement projects to monitor rational use of medicines in the health facilities. This activity will continue until July 2017 and a report will be produced and disseminated.

**STGs, EMLs, and Formularies**

During this quarter, SIAPS/Mozambique finalized the NEML and submitted it to the MOH for review and approval.

In Swaziland, SIAPS is working with other local partners on the review of the HIV treatment and care guidelines. The MOH has assigned SIAPS the responsibility of updating the drug interactions and ADR section of the treatment guidelines. The team will also look at rationalizing and simplifying the treatment regimens to improve quantification for ARVs. The data from the current ADR system will be used to guide decisions on changes in the treatment guidelines, including addition and deletion of medicines.

In Ukraine, SIAPS provided technical assistance to the MOH and relevant stakeholders to amend regulations on EML expert committee functions and on selection of medicines for the EML. Two new documents were drafted as part of this effort: regulations of use of EML medicines and methodology for quantification of medicines included in the EML. The draft documents were sent to MOH for public review and discussion.

**AMR and Infection Prevention and Control**

During this quarter, SIAPS/Namibia provided technical assistance to the Ministry of Health and Social Services (MOHSS) AMR technical working group in reviewing drafts of the situational analysis of strategies to combat AMR and the multi-sector action plan for containing the development of AMR in Namibia. SIAPS also provided technical assistance to the steering committee for reducing hospital acquired infections (HAI), promoting RMU and infection prevention and control (IPC). The assistance included developing training materials and planning for RMU, IPC, and HAI workshops for health facilities in Oshikoto region.

In Swaziland, SIAPS continued to support the development of a national AMR action plan to address the emergence of AMR. The multi-sectoral national AMR committee, which leads the development of the action plan, has met twice in this quarter to draft the document and gather input from stakeholders. SIAPS worked with the committee to revise the draft zero of the action plan. A stakeholder consultative meeting was held on April 20, 2017, for all stakeholders to make inputs on the draft. This activity was implemented jointly with the WHO Swaziland country office. The revised draft is scheduled to be presented to the senior management team of MOH, the Ministry of Agriculture, and the Ministry of Natural Resources. Once approved by the senior manager, the document will be ready to print and disseminate.
Drug and Therapeutics Committees

In Sierra Leone, DTCs are a key mechanism for strengthening pharmaceutical management systems and ensuring RMU at health facilities. Following the successful launch of four hospital DTCs in Freetown and Makeni, five more hospitals have been trained/oriented to establish DTCs during this quarter. Six of these hospitals have introduced new prescription forms to guide drug-use information-gathering, including rational use. Connaught Tertiary Hospital in Freetown has succeeded in revising and implementing the hospital treatment chart as part of its DTC functions. The adoption of the improved treatment chart will harmonize patient recording and will be used as a data source for the pharmacy/treatment register. A SIAPS staff member was embedded in the Directorate of Drugs and Medical Supplies (DDMS) in June and early July to provide technical assistance for rolling out DTC activities in all newly established DTCs and to orient and train participants from nine hospitals on the revised electronic Treatment Register (eTR) and ADE reporting.

Treatment Adherence

During this quarter, SIAPS Mozambique supported the Hospital Pharmacy Department of MOH to test a study of ARV treatment adherence developed by WHO/INRUD in the Polana Caniço General Hospital in Maputo City. The results of the study are shown below.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Result</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients with total adherence</td>
<td>95.8%</td>
<td>95%</td>
</tr>
<tr>
<td>Percentage of days covered by ARVs dispensed for a defined sample of patients in the period under review (180 days)</td>
<td>58%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of patients who experienced a gap in ARV availability for more than 30 days in a row during 30 days</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Percentage of patients who attended the clinic on or before scheduled day</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Percentage of patients who attended the clinic between three days of their appointment</td>
<td>96%</td>
<td>72-96%</td>
</tr>
</tbody>
</table>

With SIAPS’s technical assistance, Namibia started implementing group ARV refills through community adherence support groups (CASG) as part of community-based ART (CBART), an ART decentralization model adopted by Namibia in the 2016 national ART guidelines. During this quarter, SIAPS supported the MOHSS and partners to configure the Electronic Dispensing Tool (EDT) for dispensing ARVs to CASGs and to develop and orient health workers on pharmacy dispensing SOPs, process flow for group ARV dispensing, and monitoring tools that are used by pharmacy staff and CASG leaders. The EDT is used for dispensing ARVs and capturing ART patient information including adherence to treatment in public health facilities. As a result, 11 pharmacy staff in 3 of the 14 regions were oriented on the SOPs for dispensing ARV medicines to CBART groups. The EDT at four ART sites was updated to facilitate addition of CBART groups and flagging of pre-screened patients to their respective groups. Two CASG leaders of CBART were oriented on using paper-based tools to support dispensing to CBART group members at community-based ARV pick-up points. Nurse and clinical mentors were also oriented on the tools to enhance their capacity to support CASG leaders in dispensing ARVs at community-based sites and monitor patients’ adherence to treatment. As of May 31, 2017, 55 groups have been created with about 660 ART patients who were ready for implementation of
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CBART. SIAPS also provided on-site technical assistance to pharmacist assistants at two health centers in Oshana region on capturing ART patient information in the EDT using information from the patients’ health passports, flagging patients for group ARV refills, and tools for group ARV dispensing.

SIAPS/Namibia supported MOHSS’ Directorate Special Programs (DSP) in developing an implementation plan for a short-text adherence reminder system at ART sites in Namibia. A progress report on the lessons learned from implementation was presented to MOHSS’ technical advisory committee (TAC) for HIV/AIDS. A draft report has been developed for presentation to MOHSS management to obtain approval for the roll-out to all ART sites.

SIAPS/Namibia also supported MOHSS to present findings and recommendations in a poster entitled Pediatric Antiretroviral Treatment Uptake, Adherence, Regimen Switches and Retention in Care in Namibia at the 12th International Workshop on HIV Treatment and Prevention Adherence held in Miami in June 2017 and as an oral presentation at the third MURIA Symposium held in Windhoek in June 2017. Extensive dissemination of SIAPS-supported work through these events makes information available for stakeholders’ action to improve ART and other services.

In addition, SIAPS/Namibia supported the MOHSS to disseminate findings and recommendations through an oral presentation entitled Short Message Service (SMS) Reminders Improve Patient On-Time Pill Pick-Up of Their Antiretroviral Medicines in Namibia. It was presented at MOHSS TAC in May 2017 and at the 12th International Workshop on HIV Treatment and Prevention Adherence in June 2017. The abstract was rated as one of the top three and slated for oral presentation at the opening of the conference. The feedback is helping SIAPS compile a comprehensive report to guide scale-up of the intervention nationally.
Objective 1: Strengthen Pharmaceutical Sector Governance

One of the underlying causes of poor functioning of committees that make crucial decisions about selection, procurement, distribution, and use of pharmaceutical products is the absence of or weak terms of reference (TOR). The technical brief that provides guidance and a template for developing or updating TOR for any committee making decisions or providing oversight in the pharmaceutical sector is close to completion. The brief provides three case examples of developing or updating TOR in South Africa and summarizes experiences and lesson learned. It has been edited and is now being formatted. SIAPS also continued to draft case studies that are to be included in a technical brief that will provide case study examples of SIAPS support to countries to enhance accountability, reduce wastage, and improve efficiencies in pharmaceutical systems.

In November 2015, SIAPS published the Good Governance in the Management of Medicines course through the Global Health eLearning (GHeL) Center with support from the Knowledge for Health (K4Health) Project. As of June 30, 2017, the course has been successfully completed by 306 learners from 62 countries, including 60 from Sudan and 51 from Nigeria.

Constraints to Progress

SIAPS’s support to WHO Good Governance for Medicines (GGM) Program activities to finalize the updated GGM transparency and accountability tool is pending piloting of the tool (which has been delayed into the first half of 2017) and preparation of draft conflict of ethics guidance.

Objective 2: Capacity for Pharmaceutical Management and Services Increased and Enhanced

There were no activities this quarter.

Constraints to Progress

During this quarter, SIAPS remained in communication with the New Partnership for Africa’s Development (NEPAD), but did not receive technical feedback on the draft monitoring and evaluation pharmacovigilance regional centers of regulatory excellence (RCORE) report. SIAPS plans to finalize the draft report in consultation with RCORE leads.

Objective 3: Information for Decision-Making Challenges Addressed in the Pharmaceutical Sector

In this quarter, SIAPS finalized the indicators for inclusion in the pilot activity to measure pharmaceutical system performance, including resilience and desired system outcomes.
SIAPS submission to the institutional review board (IRB) was reviewed and following responses to requests for clarification, it was determined that this activity meets the criteria for exemption. The data collection tool for in-country piloting was finalized and shared with country teams. Data collector training for the team in Bangladesh was successfully completed, and they have begun collecting data for the pilot.

**Constraints to Progress**

Commencement of the pilot activity in other selected USG priority EPCMD countries is dependent on approvals.

**Objective 4: Strengthened Financing Strategies and Approaches**

In the previous quarter, in support of the pharmaceutical expenditure tracking activity, SIAPS developed a matrix to map a list of policy questions and pharmaceutical expenditure tracking indicators, potential data sources, and methodologies. In this reporting quarter, SIAPS convened an internal consultative meeting with senior staff to review the matrix and select priority indicators based on their relevance and feasibility for data collection. The preparation of a detailed description (including definition, policy relevance, compatibility with the Systems for Health Accounts framework, potential data source, and challenges) for these selected priority indicators is in progress. These materials will ultimately be discussed with the Health Finance & Governance (HFG) Project for validation, then used as the basis for developing the tracking guide.

In this quarter, during the regular quarterly review meetings with the AOR team, the SIAPS team sought feedback on the previously circulated draft paper entitled Pharmaceutical Management Consideration for Universal Health Coverage (UHC). The AOR team provided insightful feedback that informed an updated version. This just completed, updated version will be sent to the AOR team for final review and publication. As a next step, an advocacy animation video will be produced to advocate for the importance of inclusion of medicines and strengthening of pharmaceuticals systems in low- and middle-income countries’ (LMICs) efforts to attain UHC.

**Objective 5: Quality of Pharmaceutical Products and Services Improved**

The draft of Building Coalitions for Containing Antimicrobial Resistance: A Guide was finalized this quarter after addressing editorial comments, and the document is now with the graphic designer for final layout and publication. SIAPS also finalized the article on the experiences of both SIAPS and SIAPS’ predecessor programs in building coalitions to combat antimicrobial resistance and submitted it to a peer-reviewed journal for consideration for publication.

**Objective 6: Contribute to the Generation of New Knowledge and Dissemination of Evidence-Based Approaches and Best Practices**

This quarter, SIAPS had two calls with WHO’s Essential Medicines and Health Products (EMP) Department, one in April and the other in June. The purpose of these meetings was to discuss the sustainability of the EMP portal at the end of SIAPS. WHO/EMP provided an update on their newly proposed communication strategy, which incorporates taking ownership of the
sustainability plan for the portal. WHO informed SIAPS that concrete steps for sustaining and continuously improving the portal are well underway. SIAPS continues to be interested in engaging with WHO/EMP on discussions about the future of the portal and, as much as feasible, provide inputs, and demonstrate to USAID the continued results from their initial investments and the impact from WHO’s efforts to sustain the portal in the long term.

This quarter, SIAPS designed and disseminated the microsite announcing the global call for case studies of sustained improvements in pharmaceutical systems strengthening hosted at www.pharmasystems.org. SIAPS initiated an aggressive communications campaign to raise awareness of the global call and attract applicants. This included multiple, tailored messages through the Health Systems Strengthening Network, e-Drug, IBP Initiative, Reproductive Health Supply Chain, Global Health Knowledge Collaborative, HIPNET, as well as through MSH’s global newsletter and social media channels, including Facebook and Twitter. SIAPS held one internal webinar to raise awareness among country portfolios on how to submit case studies and another webinar through AID Connect targeting USAID missions and partners.

Through web analytics, it is clear that the global call website has been consistently accessed since dissemination began. About one-third of users are return users, which is a good indication of interest. The majority of users are accessing the website directly through email messages directing them to the website, followed by access through social media channels and referrals through other channels. Over 35% of users are accessing from the United States, followed by Nigeria, Kenya, South Africa, India, Uganda, and Bangladesh. The analytics at this stage of the dissemination process are encouraging. A full report on analytics will be available after the submission deadline.

**Partner Contributions**

The WHO/EMP Department is now financing the maintenance of the EMP portal and has it included in their internal strategic plan for sustainability.

Two SIAPS partners, Harvard School of Public Health and Harvard Pilgrim Health Care Institute, have been invited to serve on the review board for the global call activity and have expressed interest. A formal memorandum of understanding will be developed and shared with all reviewers.

**Constraints to Progress**

One of the challenges is that the release of the global call during the summer may not have been ideal. Additionally, the tight timeframe for submission may be an obstacle to potential applicants. To address this, SIAPS has implemented an aggressive communications campaign and may extend the deadline. However, due to the short deadline, we do not anticipate receiving many submissions long in advance of the deadline.
East African Community Medicines Regulation and Harmonization Program
Portfolio

The East African Community (EAC) is a regional intergovernmental economic organization of six partner states: Republic of Tanzania (mainland Tanzania and Zanzibar), Uganda, Kenya, Rwanda, Burundi, and South Sudan, with its headquarters located in Arusha, Tanzania. The EAC-Medicines Regulatory Harmonization Program is part of the African Medicines Regulatory Harmonization (AMRH) initiative.


During the quarter, SIAPS held a virtual meeting with the USAID/W AOR team to provide an update on the progress in pharmacovigilance (PV) systems strengthening in the EAC, following the PV stakeholders meeting held in March in Nairobi. The discussions focused on strategies for strengthening USAID/W and SIAPS collaboration with WHO and other AMRH partners in support of EAC, Africa, and the larger global agenda for regulatory and PV systems strengthening.

Also this quarter, the SIAPS PV team reviewed the harmonized EAC PV assessment indicators, questions, user’s manual, and data management tool and incorporated the feedback from the March PV stakeholders meeting. The latter was a forum where the EAC PV baseline assessment findings were disseminated and assessment tools discussed. The revised tools were finalized and will be handed over to the EAC for distribution to partner states.

Throughout the reporting period, SIAPS continued to provide technical assistance to the EAC PV core team, which is responsible for leading the development of the EAC Pharmacovigilance Business Plan, guided by the findings of the PV baseline assessment of February/March 2017 and deliberations of the March 2017 PV stakeholders meeting. The core team is comprised of NEPAD (lead), EAC secretariat, WHO, Gates Foundation, SIAPS, World Bank, and the Kenya Pharmacy and Poisons Board Regional Centre of Regulatory Excellence in PV.

Funding permitting, the next step is for SIAPS to provide input to the draft EAC PV Business Plan around July/September 2017 prior to its finalization. The draft will be reviewed by a 10-member stakeholder team of EAC PV experts and the EAC PV core team. As a member of both teams, SIAPS is expected to participate and provide technical assistance for this review.
GLOBAL PROGRAMS

Maternal, Newborn, and Child Health

Goal: Ensure the availability of quality medicines and supplies and effective pharmaceutical services to reduce maternal, newborn, and child mortality

Overall Quarterly Progress

SIAPS remained actively engaged at the global level, particularly in the Maternal Health Supplies (MHS) Caucus of the Reproductive Health Supplies Coalition (RHSC), the Supply Chain Management Sub-Group of the CCM Task Force, and the chlorhexidine technical resource team of the UN Commission on Life-Saving Commodities. An abstract was also submitted for the annual RHSC meeting on the mapping of financial flows for MNCH commodities in four countries. SIAPS also submitted an article for publication to *BMC Health Services Research* on the review of current pharmaceutical management policies and systems that affect access to essential MNCH medicines and supplies.

Objective 1. Global Awareness of the Importance of Pharmaceutical Management for MNCH Medicines and Supplies Increased

As a participant in the groups listed above, SIAPS MNCH actively contributed to these meetings:

- SIAPS attended the quarterly meeting of the MHS Caucus held in Washington, DC.
- SIAPS continues to chair the SCM Sub-Group meetings and has been engaged in the discussion of the CCM Task Force on its transition to a child health task force. The SIAPS principal technical advisor further participated in the CCM Task Force consultation meetings on the transition and facilitated a discussion on the role of the sub-group in this new task force. As part of this process, SIAPS is also leading a mapping exercise of other technical working groups in child health and commodities so the group can define their niche in the child health task force.
- The main points from the commodities session at the Institutionalizing Community Health Conference in South Africa were summarized during the SCM Sub-Group meeting, and the Maternal and Child Survival Program will contact SIAPS for any technical assistance requests that may come out of the conference.

In addition to participating in the various working groups, SIAPS participated in the Every Breath Counts call on how to advance the pneumonia agenda, continued to remain engaged with the chlorhexidine working group, and had a meeting with the USAID child health team to discuss hand over and task assignments following the departure of the USAID child health advisor.
Objective 2. Guidance and Tools for Improving Pharmaceutical Management for MNCH Developed and Disseminated

The article on the review of current pharmaceutical management policies and systems that affect access to essential MNCH medicines and supplies conducted under Countdown to 2015 was submitted to *BMC Health Services Research* and is currently under review.

SIAPS also finalized the individual country reports on the mapping of financial flows for MNCH commodities, which are now in the final stages of editing. A draft summary document of the results from the four countries was also submitted to USAID for review. Next quarter SIAPS will disseminate the country reports and summary document on the mapping of financial flows.

Objective 3. Evidence Base for Effective Strategies to Improve Access to MNCH Pharmaceuticals and Services Increased

The SIAPS MNCH team coordinated with the SIAPS/Bangladesh team to finalize the dates for training MNCH service providers in Bangladesh to report ADRs of MNCH medicines. A concept note was developed and shared with the Directorate General of Drug Administration and Bangabandhu Sheikh Mujib Medical University’s Gynecology and Obstetrics Unit and the Pediatric Department. Additionally, the training materials were developed and are being reviewed. The training of MNCH health workers in pharmacovigilance reporting is planned for August.
TB Core

Goal: Ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve global TB goals

Overall Quarter Progress

This quarter was marked by the completion of several key activities in the portfolio. SIAPS launched two eCourses on QuanTB and Using New TB Medicines and Regimens on the Leadernet platform. Working to improve and strengthen pharmaceutical governance for TB at the global and country levels and provide technical leadership in TB, SIAPS will present two workshops, two oral abstracts, and two poster abstracts at this year’s Union World Conference on Lung Health to be held in Guadalajara, Mexico, October 11-14, 2017.

Working to expand the knowledge base of pharmaceutical best practices and improve utilization of information for TB control decision making, SIAPS published two peer-reviewed journal articles this quarter in the European Respiratory Journal Open Research and the International Journal of Medical Informatics.

Documenting how SIAPS improved pharmaceutical services and access to TB products to achieve TB goals in USAID-priority countries, SIAPS produced 12 country and one global report on the implementation of the QuanTB early warning system combined with regional technical assistance.

Objective 1: Assure the Availability of Quality Pharmaceutical Products and Effective Pharmaceutical Services to Achieve Global TB goals

Activity 1.2.1 Conduct annual workshop/symposia at the 47th Union World and Regional Union TB Conferences on innovations and best practices in pharmaceutical management for TB

This quarter, SIAPS staff received notification about accepted abstracts and sessions for the Union Conference. SIAPS had six out of seven submissions accepted: two workshops and two oral and two poster abstracts.

Objective 2: Capacity for TB Pharmaceutical Supply Management and Services Increased and Enhanced

Activity 2.2.1 Develop on-line training for QuanTB

This quarter, SIAPS launched two eCourses to the public that are hosted on the MSH platform LeaderNet (Leadernet.org). The first eCourse, QuanTB, is a free, self-paced course for health professionals using the SIAPS-developed QuanTB tool. The goal of this course is to strengthen learners’ skills for appropriate quantification of first- and second-line medicines and other TB commodities to ensure an uninterrupted supply in national TB programs (NTPs). The course includes two modules with interactive video demonstrations and knowledge checks. The first module is designed as a refresher and provides relevant background information on general
quantification. The second module focuses on the use of the QuanTB tool. The full course takes approximately 5 hours to complete. A certificate will be provided for those who complete the full course. As of the end of quarter 3, the course had 120 members who joined and 7 who completed the full course.

The second eCourse SIAPS launched this quarter is Using New TB Medicines and Regimens, a free, self-paced course for health professionals on new TB medicines, such as bedaquiline and delamanid, and the responsible use of new regimens, such as the nine-month regimen, for the treatment of multidrug-resistant-TB (MDR-TB).

This course is intended for use by physicians, nurses, pharmacists, and all health care workers currently engaged in the management of MDR-TB patients. Workers in NTPs, MOHs, and NGOs who are looking to introduce new TB medicines and regimens in their countries will also greatly benefit from this course. The information in this course was developed from publicly available resources from the World Health Organization (WHO) and elsewhere. It has been taught via in-person workshops to hundreds of health care workers in five countries.

The course includes eight modules with interactive case studies. Learners can choose to review all the modules or simply pick the ones that are most relevant to their practice setting. A certificate will be provided for those who complete the full course. As of the end of quarter 3, the course had 150 members who joined and 9 who completed the full course.

Objective 3: Improved Utilization of Information for TB Control Decision Making

Activity 3.1.1 Measure and evaluate the impact of e-TB Manager as a system-strengthening tool for TB control

Working to expand the knowledge base of pharmaceutical best practices and improve utilization of information for TB control decision making, SIAPS published two peer-reviewed journal articles this quarter. The first article was published in the European Respiratory Journal Open Research. The article presented results of an in-depth analysis of Ukraine’s experience implementing e-TB Manager, a digital health tool, as their nationwide TB registry. Key takeaways from this study included, despite what once seemed to be insurmountable obstacles, Ukraine’s significantly expanded use of its TB registry for patient care and decision making down to the rayon (district) level. Figures in the article illustrated the use of the registry against the total TB burden in the country. Furthermore, the quantitative analysis showed that registry users can find the information they need to care for patients and improve their workplace productivity. The SIAPS authors concluded that “our end-of-program findings are significant, given that Ukraine’s global ranking on overall government usage of information communication technologies (ICTs) declined from 56 in 2009 to 124 in 2015. Ukraine’s global ranking for political and regulatory environment for ICTs also declined from 95 in 2009 to 122 in 2015 (the same years as the nationwide scale-up of the registry).” The open access article is under a CC BY-NC license and can be freely shared and distributed from http://openres.ersjournals.com/content/3/2/00002-2017
The second peer-reviewed article was published by the International Journal of Medical Informatics. This article covers a study that SIAPS led on e-TB Manager, an institutionalized digital health tool used to manage patients with TB. The e-TB Manager user experience analysis was conducted in 8 languages, among more than 1,500 respondents in 9 diverse country health systems that cumulatively bear nearly one-third of the world’s TB burden. A key takeaway is that users find e-TB Manager to be reliable for case management, and confirm that it helps improve patient care and workplace productivity. This open access article is under a CC BY-NC-ND 4.0 license and can be freely shared and redistributed from http://www.sciencedirect.com/science/article/pii/S1386505617300783

SIAPS recorded an audio narrative on key findings of the user experience analysis on e-TB Manager, which is available at http://audioslides.elsevier.com/ViewerLarge.aspx?source=1&doi=10.1016/j.ijmedinf.2017.03.017


**Objective 5: Improved Pharmaceutical Services and Access to TB Products to achieve TB Goals**

*Activity 5.1.2 Evaluate the impact of technical support to NTPs in improving access to TB medicines with lessons learned*

Accurate forecasting of TB commodity needs for different scenarios is a challenge in many countries due to a lack of reliable tools to track TB case data and medicine stock, expiry, and consumption data. To address this challenge, SIAPS implemented a regional systems strengthening technical assistance approach that involved supporting NTPs in USAID-focus countries to establish, institutionalize, and implement an early warning system (EWS) to ensure availability and reduce stock-outs and expiries of TB commodities. This was done by developing and building country capacity to implement QuanTB, an electronic forecasting, quantification, supply planning, and EWS tool. This quarter, SIAPS produced several reports on the implementation of QuanTB EWS combined with regional technical assistance. The global evaluation of the QuanTB EWS implementation and related SIAPS technical assistance can be found in the report, *Implementing an Early Warning System for TB Medicines: Global Report*. Individual country reports were produced that highlight key achievements and the impact of the intervention on country TB commodity and overall supply chain management as well as experiences, challenges, lessons learned, and sustainability of the tool. All reports can be found here: http://siapsprogram.org/quantb-implementing-an-early-warning-system-for-tb-medicines/
TB Core Rapid Response

Goal: Provide technical support to the bedaquiline implementation program for TB new-medicines pharmacovigilance

Overall Quarter Progress

Georgia

Georgia continued to steadily enroll patients on new treatment during this quarter. Activities in Georgia have concluded, and all activities have been handed over to the national TB control program (NTP).

Philippines

The Philippines continues to steadily enroll patients on new treatment.

Kenya

Uptake of new medicines in Kenya has been slow due to a number of challenges, including reduced staffing and competing priorities within the NTP.

Uganda

Uganda continues to steadily enroll patients on new treatment. During this quarter, SIAPS supported the NTP to access new TB medicines from the Global Drug Facility (GDF), and Uganda confirmed receipt of the medicines.

Swaziland

Swaziland continues to steadily enroll patients on new treatment, and SIAPS continues to monitor activities. During the previous quarter, SIAPS supported the NTP to access new TB medicines from the GDF.

PViMS

The Georgia and Philippines NTPs continue to enter data into PViMS. Data from the ongoing nine-month treatment regimen study will be entered first, followed by bedaquiline study data and facility-level data in the Philippines.
REGIONAL PROGRAMS

Latin American and the Caribbean

Goal: By the end of 2016, AMI countries will have institutionalized national and regional mechanisms to ensure a continuous supply of antimalarials as the key malaria control strategy, particularly in low-incidence locations and areas at risk for the emergence of artemisinin-based combination therapy-resistant pathogens.

Overall Quarter Progress

All technical activities were concluded by the end of FY16 (December 2016). Regular AMI steering committee meetings to coordinate with partners and counterparts have not been held since April 2016. At the end of January 2017, USD $100,000 remained in the pipeline. USAID/LAC agreed to implement selected technical assistance interventions in Peru, Colombia, and Brazil if requested by national counterparts.

Objective 3: Pharmaceutical services improved to achieve desired health outcomes

The National Directorate of Medicines in Peru (DIGEMID) requested technical assistance for a nationwide implementation of the standard operating procedures (SOPs) for pharmaceutical management that DIGEMID developed last year with SIAPS/AMI technical assistance. The implementation of these procedures will improve the supply of antimalarials and other medicines and supplies used by disease control programs. In June 2017, SIAPS met with DIGEMID technicians and authorities to agree on the content of a technical and financial proposal that SIAPS will submit to AMI/USAID for approval. If approved, activities to disseminate and implement the SOPs will start next quarter.
West Africa Regional

Goal: Facilitate the availability of quality pharmaceutical products, especially those related to HIV and AIDS, to achieve a high level of desirable health outcomes in target West Africa countries

Overall Quarter Progress

In preparation of the transition and handover of the HIV/AIDS commodity management tool (OSPSIDA) in West Africa, a joint team of SIAPS and USAID West Africa travelled to Benin and Togo to assess their readiness to take over management of OSPSIDA.

A poster entitled “Using an HIV and AIDS Commodity Management Tool to Identify Risk and Prevent Stock-outs of ARVs in West Africa: The Togo Experience” was presented at the USAID West Africa Partners Meeting held in Accra, Ghana, May 15-19, 2017.

SIAPS provided technical assistance to the National AIDS Control Program of Togo to prepare the assessment of the pilot phase of the EDT.

Objective 1: Improve coordination among regional and national stakeholders involved in ensuring ARV and HIV/AIDS commodity availability

A meeting was held between USAID West Africa, SIAPS, and Programme Sante de Lutte contre le SIDA (PSLS) Benin. SIAPS presented its regional program to the new director of PSLS and raised the issue of transferring and handing over the management of OSPSIDA to the West African Health Organization (WAHO) as initially planned. WAHO did not seem to have the required human resources to take over the management of OSPSIDA, and SIAPS began discussions with other countries to perform country-specific handover, which SIAPS experienced in Cameroon, which is not part of WAHO.

The PSLS coordinator requested time for internal discussions.

The SIAPS activity manager also raised the possibility of transitioning OSPSIDA to Global Health Supply Chain–Technical Assistance (GHSC-TA) so that countries can have more time to prepare the handover in case the transfer to WAHO does not move ahead.

Prior to the nationwide roll out of EDT, SIAPS and the National AIDS Control Program (PNLS) Togo agreed to conduct an evaluation of the pilot phase undertaken at the five sites supported by SIAPS and also at another site supported by the PNLS. SIAPS supported PNLS in developing questionnaires to evaluate the pilot at the sites and the national level.

Objective 2: Enhance capacity for pharmaceutical supply management

SIAPS attended the USAID West Africa Partners meeting held in Accra, Ghana, May 15-19, 2017. This meeting was an opportunity for SIAPS to present a poster selected by meeting
organizers that focused on SIAPS’s efforts to support PNLS in Togo in preventing stock-outs of ARVs using the HIV/AIDS commodity management tool in West Africa known as OSPSIDA.

SIAPS also made a presentation on its regional project, emphasizing tools to improve data availability and information sharing among national and regional stakeholders and capacity-building exercises on the quantification of HIV/AIDS products.

**Objective 3: Increase the use of pharmaceutical management information for decision making at the national and regional levels**

There were no activities this quarter.
COUNTRY PROGRAMS

Bangladesh

Goal: Improved availability of quality pharmaceuticals and effective pharmaceutical services to contribute to achieving desired health outcomes

Overall Quarter Progress

On May 17, SIAPS, in collaboration with the Directorate General of Drug Administration (DGDA), launched Pharmadex, the first online medicine registration system in Bangladesh. The Honorable Minister Mohammad Nasim, Member of Parliament (MP), Ministry of Health and Family Welfare (MOHFW), officially launched the system. The Minister appreciated the initiative taken by the DGDA to digitize its regulatory systems and congratulated USAID and SIAPS for their system strengthening work with the DGDA. The President of the Bangladesh Association of Pharmaceutical Industries (BAPI), Nazmul Hassan, MP, and Miranda Beckman, Deputy Director, Office of Population, Health, Nutrition, and Education, USAID, along with 150 participants, attended the launch ceremony. Senior officials from the MOHFW, DGDA, and Directorate General of Health Services (DGHS) and representatives from BAPI, the Bangladesh Chemists and Druggists Samity, pharmaceutical manufacturers, USAID, other international and national organizations, academia, and the media also attended. Previously, SIAPS had developed common technical document (CTD) Modules 1, 2, and 3 and trained DGDA officials and pharmaceutical companies. The launch event showcased the printed CTD modules and the user guidelines on Pharmadex for applicants and DGDA officials.

SIAPS successfully organized the dissemination of the DGDA five-year strategic plan (2017–2021) on June 8. SIAPS developed the strategic plan in collaboration with the DGDA, USAID, USP-PQM, WHO, the MOHFW, BAPI, and pharmaceutical companies. The strategic plan aimed to use seven strategic goals to strengthen medicine regulatory systems in Bangladesh by addressing weaknesses and threats. The plan aligns with the MOHFW’s fourth sectorwide program.

SIAPS worked with the DGHS, the National Tuberculosis Control Program (NTP), Challenge TB (CTB), and the Health Information Systems Program (HISP) to establish interoperability between e-TB Manager and DHIS2. e-TB Manager can now seamlessly push patient data into DHIS2. SIAPS and CTB facilitated a training of trainers event for NTP, SIAPS, and CTB staff for further roll out of the system countrywide.

The Directorate General of Family Planning (DGFP) achieved a milestone in logistics reporting this quarter. The result showed that 100% (n=488) of sites uploaded their reports on time and that 77% (376/488) of sites were maintaining data quality standards (completeness and accuracy) in May. The stock-out rate for contraceptives at the service delivery point (SDP) level reached 0.9% in May, compare to 0.7% in February. This shows that the DGFP has met the target for its commitment to the reproductive health supply chain to reach a stock-out rate of 1%. The essential maternal, newborn, and child health (MNCH) medicines reporting rate exceed 97%
(compared to 90% in the last quarter) in the electronic logistics management information system (eLMIS)/DHIS2 for 11 districts in May.

SIAPS conducted subnational procurement training for 500 district-level managers to decentralize the procurement system at the subnational level using Public Procurement Rules (PPR) and following the Public Procurement Act (PPA).

SIAPS supported the DGFP, MOHFW, and donors immediately after a devastating fire broke out at the central warehouse (CWH). SIAPS worked closely with the DGFP team to retrieve information from the Warehouse Information Management System (WIMS)/eLMIS and prepared an inventory of medicines/commodities. SIAPS also assisted in conducting a physical inventory of the remaining items and forecasting requirements of medicines/commodities for the director general (DG) to present to the MOHFW for procurement decisions. With assistance from SIAPS, the result of the forecast helped the DGFP maintain optimum stock levels countrywide.

**Objective 1: Supply chain management systems of the MOHFW and component procuring entities strengthened**

SIAPS revived the Procurement and Logistics Management Cell (PLMC) after the MOHFW was divided into two secretariats. A PLMC quarterly coordination meeting facilitated by SIAPS was held on April 20. Meeting minutes were signed by the Additional Secretary (Dev.), Health Services Division, and circulated to participants. As per PLMC requirements, the condemnation reporting of the DGHS throughout the country has begun, and a database has been maintained to capture information on individuals who received training from the Engineering Staff College, Bangladesh.

SIAPS has provided 23 opinions on procurement documents to foster the procurement process as per the PPA and PPR.

SIAPS briefed the line director for MIS, DGHS, on May 15 on the recently conducted eLMIS training in 11 districts and the reporting status. The reporting rates in May were Gazipur (99%), Faridpur (100%), Lakshmipur (93%), Khulna (90%), Pabna (98%), Kushtia (98%), Coxsbazar (100%), Jamalpur (100%), Lalmonirhat (98%), Moulvibazar (95%), and Natore (99%).

On June 7, a SIAPS technical advisor attended the district-level orientation on eLMIS for Government of Bangladesh (GoB) managers, which was facilitated by MaMoni-HSS.

SIAPS met with the UNFPA MNCH team on May 18 to discuss the RMNCH landscape synthesis report and a matrix on ensuring lifesaving RMNCAH commodities security in the country. The draft SIAPS-UNFPA partnership includes joint collaboration on district-level trainings on forecasting and logistics management in August.
With SIAPS’s technical support, an article entitled “DGHS electronic logistics management information system developed to improve availability of MNCH medicines” was published in the January–March 2017 issue of the DGHS’s *National Newborn Health Bulletin*.

SIAPS facilitated the implementation of one procurement package of the electronic Government Purchase system in the Central Medical Stores Depot (CMSD). SIAPS continues to improve procurement documents for the GoB, the Saudi Fund, Reimbursable Project Aid (RPA), and others and to resolve contract management issues (e.g., gas supply, vitamin A, food supplements, meningitis vaccine). In addition, the CMSD is providing 15 new packages under the RPA (through the GoB) from the MOHFW for implementation.

With SIAPS support, subnational procurement training, including 18 orientation workshops for managers and procurement staff, has been completed in nine regions. Nearly 500 participants attended the training workshops and feedback was received. The following recommendations and comments were received from participants:

- Translation of the subnational procurement guidelines and procurement documents from English to Bengali is essential.
- If the recommended price of a commodity is higher than the S. R. rate given by the DGHS, it is not accepted. As per the PPR, a procurement plan must be approved by the head of procuring entities or an authorized officer, which takes a significant amount of time.

A two-day workshop on the product specifications of 25 selected items of the DGFP was held in May. Only a small number of similar specifications have been provided to subject matter experts for finalization.

The CWH in Mohakhali, Dhaka, supports the DGFP’s family planning and reproductive health commodity storage and distribution requirements. The CWH has 18,000 square feet plus approximately 12,000 square feet of other temporary (non-warehouse) storage space, which is too small to meet the DGFP’s storage needs. Although the volume of reproductive health commodities stored in the CWH has increased over the years, the facility itself does not have a plan or the equipment to improve warehousing and distribution.

**Partner contributions**

- MOHFW and DGFP high officials were actively involved and engaged to handle the fire at the DGFP CHW.
- DGFP district- and subdistrict-level managers attended in the SDP-level orientation. The DGFP local authority organized the venue and other facilities for the orientation.
**Constraints to progress**

- There was a lack of experience and technical knowledge to execute operational activities due to frequent turnover of GoB staff.

**Objective 2: Systems for evidence-based decision making established**

SIAPS, in collaboration with WHO, USAID, and other global health partners, organized the international conference on Data for Decision in Health in April, which was hosted by the DGHS. The conference highlighted global and regional progress to date in strengthening health management information systems while increasing the level and efficiency of investments, strengthening institutional capacity to use data for decision making, and enhancing accountability and management systems. Approximately 200 people attended the event, including government representatives from neighboring countries.

SIAPS worked with the DGHS MIS team to complete the transfer and installation process of the supply chain management portal (SCMP). SIAPS officially informed the DG of the DGHS of this highly anticipated hand-over. The transition promotes the credibility of the SIAPS approach and interventions and generates examples of country ownership and sustainability for other partners.

SIAPS released version 1 of the DGHS eLMIS dashboard, which incorporates some critical reporting features, including stock-out tracking, early warnings for expired items, chart interpretation, an eTicketing system, and an administration panel to update data provider information and resolved technical issues. It is expected that the easy-to-understand drill-down dashboard will facilitate data for decision making.

SIAPS visited at the Khulna Shishu Hospital to review the current status and improve the system based on user requirements. At the same time, the team worked with the TB team to review the quarterly report on DR-TB case registration (form TB08) and incorporate the new drug formulation into the TB WIMS. The TB WIMS has been brought under the MOHFW SCMP (https://scmpbd.org/).

SIAPS is working with the DGHS MIS team to improve DHIS2 by providing human resource and technical support for redesigning the LMIS. SIAPS had also provided technical assistance for the DHIS2 dashboard design and linkage with the MOHFW’s SCMP. SIAPS collaborated with the HISP of Bangladesh to incorporate TB reports in DHIS2. Two full-time SIAPS staff are currently engaged in the DHIS2 team. At the request of DG-Health Prof (Dr) Abul Kalam Azad, SIAPS developed interoperability between DHIS2 and e-TB Manager by supporting electronic recording and reporting of TB data. Bangladesh is the only country where DHIS2 interoperability has been achieved. This interoperability was showcased to the director of the MBDC, the director of the DGHS MIS, and government and NTP senior officials.
Electronic recording and reporting of TB data using e-TB Manager has been hampered by refilling and billing issues. After discussions with NTP policy makers and GrameenPhone, which is the internet provider, permission was received from the MIS director and the HIMS line director of the DGHS to include the internet bill payment system in the DGHS contract with GrameenPhone. The NTP, SIAPS and GrameenPhone will work together to change the e-TB Manager internet connection from prepaid to postpaid and move it under the DGHS MIS.

SIAPS conducted countrywide trainings for TB reporting using DHIS2. In addition, SIAPS and the CTB facilitated two-day regional trainings of trainers, which were organized by the NTP. SIAPS and the CTB have also scheduled divisional-level trainings. The SIAPS TB team participated in divisional training events organized by the NTP and facilitated by SIAPS and the CTB.

SIAPS participated in the partner coordination meeting and shared major activities related to its TB program and the technical assistance it provided to the NTP. The SIAPS TB team also participated in the International Conference on Urban TB, which was arranged by the NTP and facilitated by the CTB.

**Partner contributions**

WHO, the NTP, BRAC, the DGHS, the DGFP, the World Bank, UNFPA, the Global Fund, JSI, Save the Children, and the Damien Foundation, among others, are working together in the areas of TB; family planning; and maternal, newborn, and child health.

**Constraints to progress**

The NTP’s lack of ownership for e-TB Manager put its implementation at risk.

**Objective 3: Pharmaceutical regulatory systems strengthened**

Pharmadex was launched in Bangladesh on May 17. After the launch, an implementation plan was developed in collaboration with the DGDA. The DGDA will work on both paper-based submissions, with Drug Control Committee approval, and online submissions of the cardiovascular system’s new generic product registration. The DGDA has issued official letters to 10 companies to submit registrations using Pharmadex. SIAPS facilitated trainings for DGDA officials and selected pharmaceutical industry representatives to build their capacity to use the tool successfully.

SIAPS provided basic and advanced interactive trainings on Good Manufacturing Practice (GMP) for higher-level DGDA officials in April. Following these sessions, a three-day mock industry inspection was organized for Popular Pharmaceuticals Ltd., Eskyaef Pharmaceuticals Ltd., and Incepta Pharmaceutical Ltd. The companies and DGDA officials praised the SIAPS training and the mock inspections.
With SIAPS technical assistance, the Adverse Drug Reaction Monitoring (ADRM) cell has been making significant progress in strengthening its adverse event reporting system. As part of the activities, SIAPS and the ADRM cell organized the seventh ADRAC meeting on June 1. A total of 153 ADE reports were submitted to ADRAC following evaluation by the technical subcommittee and ADRM cell.

The final draft of the National Pharmacovigilance (PV) Guideline and standard operating procedures of the ADRM cell have been shared with ADRAC for review. It was decided to arrange a workshop with stakeholders to inform them of PV activities. During this quarter more than 100 ADE reports were sent from hospitals and pharmaceutical companies. The cell also decided to make agreements with the NTP, national malaria program, EPI/AEFI and HIV/AIDS programs, and other national health programs to include PV in these ADR reports.

A phased approach is planned for the integration of MNCH commodities, starting at Bangabandhu Sheikh Mujib Medical University (BSMMU) and one specialized, secondary-level children’s hospital in Khulna. During this quarter, the SIAPS team met with BSMMU staff Dr. Mohammad Shahidullah, Chair of the NB and IMCI working group, President of the BMDC, and former VC of BSMMU; Prof Parveen, Chair of Gynecology and Obstetrics; Prof Mesbah of Pharmacology; and Prof Mannan, Chair of Neonatology individually to discuss possible MNCH-PV activities in Bangladesh. The SIAPS team has already shared the training materials and presentations with SIAPS headquarters for input.

**Partner contributions**

- The DGDA organized the Pharmadex inauguration ceremony and hosted the GMP training.
- Key BSMMU professionals participated in the meetings conduct by the SIAPS MNCH team regarding MNCH-PV activity.

**Constraints to progress**

There were ongoing challenges for DGDA senior managers in terms of computer use.
Benin

Goal: Ensure the availability of quality products and effective pharmaceutical service delivery for better health outcomes

Overall Quarter Progress

Non-Ebola

SIAPS supported the National Malaria Control Program (PNLP) of Benin to prepare the End User Verification survey for malaria products, which is planned for July 2017.

SIAPS also began discussions with the Ministry of Health’s (MoH) Department of Pharmacy, Medicines and Laboratory (DPMED) to prepare for the implementation of Pharmadex.

Ebola

SIAPS supported the MoH’S DPMED to organize a workshop to validate the Ebola logistics systems.

SIAPS also supported the MoH’S Directorate of Public Health (Direction Nationale de la Sante Publique (DNSP)) and DPMED to conduct quarterly supportive supervision of warehouses and health facilities that are managing Ebola and other hemorrhagic products across the country.

SIAPS attended a meeting of USAID partners working on the Ebola response to discuss key accomplishments since the intervention began and future technical assistance that will be required.

Objective 1: Pharmaceutical sector governance strengthened

Non-Ebola

The SIAPS principal technical advisor traveled to Benin to work with key stakeholders, including the MoH’S DPMED and the PNLP, to implement the SIAPS activities in the work plan.

SIAPS reviewed the terms of references for the upcoming End User Verification survey, including the data collection tool, the agenda, and activity budget prepared by the PNLP. The survey was scheduled for July 17–21, 2017, in two departments (Borgou and Alibori). Twenty facilities will be visited, including 10 health centers, five zonal hospitals, and five zonal depots of pharmaceuticals.

SIAPS also discussed the implementation of Pharmadex, a web-based medicines registration management information system, with DPMED. SIAPS and DPMED reviewed the status of recommended actions that were suggested during an assessment conducted by SIAPS in October 2016.


**Ebola**

SIAPS supported the MoH through DPMED and DNSP to organize a workshop to validate the Ebola logistics systems prepared by SIAPS.

The roles and responsibilities of each national entity involved in Ebola commodity management, the different forms for the paper-based logistics management information system (LMIS) used at each level of the national supply chain, and the flow of Ebola commodities and related information were validated during this workshop.

Following this workshop, SIAPS developed the Ebola logistics standard operating procedures manual to accommodate all key elements of the logistics systems described above. The next step is for SIAPS to work closely with DPMED and DNSP to agree on dates to validate the logistics manual.

SIAPS attended the Ebola partners’ monthly meeting on May 30, 2017, and discussed the following:

- Review of recommendations from the last meeting
- Work plan update
- Activities implemented during April and May, challenges, and opportunities
- Status of work plan implementation as a whole, including planning remaining activities
- Presentation of updated indicator tables
- Feedback from partners on the status of a proposed success story on Lassa fever in Benin

SIAPS, in partnership with the USAID-funded Advancing Newborn, Child and Reproductive Health Program, provided technical assistance to DNSP and the Department of Planning and Strategic Information to assess Ebola response preparedness in two health zones (Tchaourou and Kandi) and at the teaching hospital of Parakou. The team used the World Health Organization check list to conduct this assessment June 23–27, 2017. SIAPS also used this opportunity to reinforce the skills of Ebola stock managers who have been visited.

**Constraints to progress**

The management of Ebola commodities is a big challenge in Benin where Lassa fever (a hemorrhagic fever similar to Ebola) outbreaks occur frequently. Donors provided many supplies in response to the Ebola crisis, but procurement is not coordinated and distribution does not follow established norms. The proposed LMIS design, which was validated by the national Ebola response committee, will strengthen coordination and ensure that the right products in the right quantities are procured and stored in the right places and also that procedures are in place for their proper storage and use.
Dominican Republic

Goal: Increase the availability of critical medicines and diagnostic materials, including those used for HIV and AIDS and tuberculosis, through the implementation of different elements of the SUGEMI system and build the capacity of national counterparts to effectively and efficiently operate the integrated system

Overall Quarter Progress

The SUGEMI pharmaceutical management system continued to operate as expected during this quarter, with the majority of health facilities reporting their data and receiving feedback. In March, SUGEMI’s national bulletin reported that adult antiretroviral (ARV) availability in health facilities remained high (100%), but the availability of essential medicines used at the primary health level had decreased from previous quarters (68% by the end of March). SIAPS received additional USAID/DR resources to extend its technical assistance until September 2017.

Objective 1: Pharmaceutical sector governance strengthened

The estimation of needs and programming for the procurement of medicines and supplies in 2018 began in May 2017. SIAPS supported a workshop to present the preliminary results and validate the estimations for disease control programs, including family planning, HIV/AIDS, and TB. The estimation of needs and programming for the procurement of medicines and supplies for hospitals and primary health facilities was also initiated in May. Based on SUGEMI consumption and stock reports, 131 hospitals and 7 regional health services (RHSs) concluded preliminary estimation on May 31. In June, SIAPS supported the consolidation of the regional estimates and presented the final results to Ministry of Health and Finance authorities.

Objective 2: Capacity for pharmaceutical supply management and services increased and enhanced

SIAPS held meetings with the Universidad Central del Este (UCE) to agree on the technical and administrative arrangements for launching the third certified course on rational medicine use and a fourth course on pharmaceutical supply management in July. During the next quarter, SIAPS will revise the content of the PSM diploma. The UCE will issue official communications to launch the diploma. SIAPS consultants will also coach university professors.

In May, SIAPS trained staff at Centro Sanitario, an HIV treatment center, on SUGEMI dispensation procedures. SIAPS also trained staff at the Metropolitan RHS on procedures for the integration of ARVs into SUGEMI.

Partner Contributions

The certified courses on rational medicine use and pharmaceutical supply management will be implemented in partnership with the UCE.
**Objective 3: Pharmaceutical management information available and used for decision making at different levels of the health system**

In May, SIAPS supported the National Medicines Directorate and the RHSs in the development of one national and nine regional SUGEMI bulletins. These bulletins include information on the consumption and availability of essential medicines, including ARVs and TB medicines. During the next quarter, the development of these bulletins will be managed by the RHSs with little or no SIAPS support.

**Objective 4: Pharmaceutical services improved to achieve desired health outcomes**

During this quarter, SIAPS carried out supervision visits to integrate ARV supplies from the Metropolitan Region and Regions 1 (San Cristóbal), 4 (Barahona), 6 (San Juan), and 8 (La Vega) into SUGEMI. The integration of family planning products in the Metropolitan Region and Region 3 (San Francisco) was also concluded.

SIAPS supported the collection of ARV consumption data and available stock in the nine HIV treatment posts (SAIs) that were implementing the test and start strategy. With these data, a "traffic light" visual aid was developed to facilitate the identification of overstocks and stock-outs in SAIs and the immediate implementation of corrective measures.

PROMESE has not yet shared the access codes to review correspondence regarding the requirements of medicines and dispatches by PROMESE. SIAPS will work with PROMESE information system managers on technical issues that have impeded the issuing of monthly reports.

**Objective 5: Pharmaceutical services improved to achieve desired health outcomes**

During this quarter, SIAPS supported a meeting to agree on a plan for the transfer of family planning commodities to regional warehouses to begin the SUGEMI distribution cycle. Maternal and Child Health Program authorities, RHS directors, and Pharmaceutical Management Unit coordinators at the central and regional levels agreed to the plan.

During this quarter, SIAPS continued to support the transfer of ARVs from a rented warehouse to RHSs El Valle (SRS 6), Valdesia (SRS 1), Metropolitano (SRS 0), Cibao Oriental o Nordeste (SRS 3), Enriquillo (SRS 4), and Cibao Central (SRS 8). It is expected that by the end of the next quarter, ARVs will be stored at and distributed from six RHSs.

The National Health Service director issued a communication requiring the implementation of SUGEMI in the public hospital network.
Guinea

**Goal:** Improve the availability of quality pharmaceutical commodities and efficient pharmaceutical services to achieve desired health outcomes

**Overall Quarter Progress**

In response to the fire that devastated the Pharmacie Centrale de Guinée (PCG), SIAPS provided lead support within the steering committee established by the Minister of Health (MOH). This committee implemented immediate actions to respond to the emergency situation and developed a mid-term systems strengthening plan to address PCG’s warehousing capacity, condition, and safety constraints.

The support to the *Programme National de Lutte contre le Paludisme* (PNLP) continued through monthly meetings of the Procurement and Supply Management (PSM) technical working group (TWG) to assess the stock status of malaria commodities at the national level.

During this quarter, SIAPS assisted the PNLP to complete the eighth edition of the end use verification (EUV) survey. This support included recruiting and training data collectors, field data collection in 62 health facilities, data analysis and review, and technical report writing. SIAPS also facilitated the results dissemination and validation workshop.

Working with the *Direction Régionale de la Santé* (DRS), SIAPS provided lead support to conduct supportive supervision and on-the-job training in health facilities. These supervision visits evaluated core logistics indicators and supply chain management practices.

Through coordination with UNFPA, SIAPS supported the *Direction nationale de la pharmacie et du medicament* (DNPM) to conduct a quarterly performance review meeting of the Family Planning and Reproductive Health (FPRH) supply chain. This meeting helped to identify solutions to the common challenges experienced by facility staff and share best practices.

**Objective 1: Pharmaceutical sector governance strengthened**

Guinea lost medical supplies estimated at millions of dollars following a devastating fire that gutted the PCG in Conakry. The fire lasted for several hours and affected one warehousing block as well as offices. SIAPS coordinated with other partners to develop a contingency plan through the established steering committee. The plan included actions to determine the impact of the losses; assess stock status; define strategies for emergency procurements to avert supply interruptions; identify immediate solutions to allow the PCG to resume warehousing and distribution operations; and suggest mid-term solutions to address the PCG’s warehousing capacity, conditions, and safety constraints. SIAPS’s support to the PCG enabled it to complete a stock count of the remaining stock (post-fire), restore the server and resume SAGE Enterprise Resource Planning operations, complete product sampling and paperwork for shipping to a quality control laboratory, and temporarily house the PCG management team within the Logistics Management Unit rented by SIAPS until permanent office space could be found.
**Partner Contributions**

- WHO, CRS, EU/PASA, and PSI participated in the steering committee meetings and the development of the contingency plan.

**Constraints to Progress**

- The fire at the PCG reduced the stockpile of ARV medicines and medical equipment to ashes and left the country with insufficient quantities of ARVs to support the continuum of HIV services.
- The fire added to existing warehousing capacity constraints and affected the PCG’s ability to cope with future deliveries.

**Objective 2: Capacity for pharmaceutical supply management and services increased and enhanced**

SIAPS continued to support the PNLP to institutionalize the monthly commodities stock status assessment. These assessments are performed through periodic meetings of the PSM-TWG. The assessments are done using stock-on-hand data from the PCG and its regional depots, consumption data from health facilities’ logistics management information system (LMIS) reports, and shipment data from donors. They provide a holistic overview of all malaria commodities’ stock status at the national level. Of all artesunate-lumefantrine formulations, only the pediatric formulation was below the recommended minimum of eight months of stock at the central level. The PSM-TWG followed up with the procurement agents of the Global Fund and the President’s Malaria Initiative to expedite deliveries of orders of this product that were in the pipeline.

**Partner Contributions**

- CRS participated in the periodic PSM-TWG meetings and provided data related to Global Fund-funded procurements.

**Objective 3: Pharmaceutical management information available and used for decision making**

To support to the PNLP, SIAPS facilitated the preparation, data collection, analysis, and results dissemination of the eighth edition of the EUV survey. This survey was conducted in 62 regional depots, hospitals, and health facilities. Data from this survey showed artemisinin-based combination therapy availability of 97.7%, an average stock-out rate of 32.5% over the three months preceding the survey, 78.2% of surveyed health facilities with stock cards for managing health commodities, and more than 77% of health facilities submitting their malaria LMIS reports on time. Results from this survey will be shared with peripheral-level health professionals during the quarterly performance review meetings planned by the PNLP for July 2017. In addition, brainstorming sessions will be held that will allow the DRS, Direction Préfectorale de Santé, and health facilities to identify interventions to improve their performance on the different indicators.
Guinea

The DRS, with support from SIAPS, performed monitoring and supervision in health facilities. The supervision visits looked at core indicators, including stock status, timely complete data recording/reporting, and storage management practices. Based on supervision findings, the supervision team undertook immediate action, including assisting health facilities to introduce emergency orders to correct stock-outs and providing on-the-job training to facility staff to reinforce their knowledge and skills, thereby helping health facilities correct poor storage management practices.

Partner Contributions

- CRS co-funded this activity to cover expenses for the regions supported by the Global Fund. It also participated in the data collection exercise and results validation.

Objective 5: Pharmaceutical services improved to achieve desired health outcomes

In collaboration with UNFPA, SIAPS supported the DNPM to facilitate a five-day workshop involving the central, regional, prefectural, and health facility levels to review performance on FPRH supply chain indicators and commodity availability at the end user level. Key findings from FY17Q2 performance data included stock card availability (65%), average stock-out rate (21.7%), and stock accuracy (71.9%). These findings reveal that inventory management tools are not rigorously used and that stock-outs are recurrent in health facilities. Another finding was that most health facilities were overstocked for condoms, IUDs, and microgynon. After reviewing and discussing these findings, workshop participants developed a plan to redeploy excess quantities of FPRH commodities to health facilities in need and emphasized the need to reinforce facility staff’s skills to correctly use stock management tools and prevent/minimize stock imbalances (stock-outs and expiries).

As part of its support for improving the PCG’s warehousing capacity and conditions, SIAPS continued processing orders of warehousing equipment and material handling for the PCG, including adjustable pallet racking, material handling equipment, and pallets. To date, all purchase orders have been approved and are being executed by the vendor. The anticipated delivery date and installation of these materials is mid-August 2017. Once delivered and installed, this equipment will provide the PCG with adequate storage facilities that can accommodate 1,482 pallet positions.

Partner Contributions

- UNFPA coordinated with SIAPS to facilitate the quarterly FPRH performance review meeting.

Constraints to Progress

- Visibility of the supply chain of FPRH commodities remains a challenge due to a lack of logistics data resulting from poor submission of LMIS reports by health facilities. The integrated LMIS recently rolled out by the Ministry of Health through the DNPM is expected to alleviate this problem.
Guinea Ebola Portfolio

Goal: SIAPS aims to strengthen the management of essential medicines and health supplies and contribute to USAID’s efforts toward implementation of the Guinea post-Ebola recovery plan

Overall Quarter Progress

Key results from this quarter include the signing of the memorandum of understanding that establishes the Logistics Management Unit (LMU) and the appointment of the LMU coordinator by the Minister of Health. These actions provide a vehicle to institutionalizing good supply chain management practices that link upstream and downstream logistics activities across the Guinea supply chain system.

The project’s support to the Pharmacie Centrale de Guinée (PCG) focused on providing onsite support to help PCG staff from all departments use the SAGE Enterprise Resource Planning (ERP) software correctly.

Working with the Direction Régionale de Santé (DRS), SIAPS conducted supportive supervision in health facilities to determine whether established logistics procedures were being followed, identify weaknesses in performance, and address gaps by providing on-the-job training.

The cascade trainings of 511 facility staff for the initial rollout of the integrated logistics management information system (LMIS) concluded in April 2017. The LMU launched routine monitoring of the logistics system to determine whether health facilities are reporting logistics data. The project initiated deployment of the eLMIS in Guinea by installing the server and providing administrator training for super users.

Objective 1: Pharmaceutical sector governance strengthened

SIAPS held a coordination meeting with the Minister of Health and the USAID/Guinea mission on June 14. This meeting was to assess the progress made since the previous meeting on March 20 and present solutions to fast-track the completion of all pending LMIS activities. The transition of LMIS activities was also discussed, taking into consideration the end of the SIAPS Project in Guinea. Results from this meeting include the Minister of Health signing a ministerial order to establish the LMU and a letter appointing the LMU coordinator.

The LMU staff, recruited by SIAPS, coordinated with districts and health facilities in receiving, reviewing, and following up on missing LMIS reports. Once the missing reports were found, they were further aggregated and analyzed to produce reports on logistics system performance.

Objective 2: Capacity for pharmaceutical supply management and services increased and enhanced

SIAPS continued to provide onsite support to ensure that end users are confident and comfortable working with the SAGE ERP solution. SIAPS held regular meetings with the PCG
management team and the SAGE support team to raise both process and system issues in a timely manner, answer questions, and provide guidance and support. In addition, SIAPS continued to monitor the PCG IT infrastructure for response times and assisted the PCG to ensure that appropriate back-ups are done.

To support the DRS, SIAPS technical advisors conducted supportive supervision in health facilities. The supervisions covered different supply chain aspects, including health commodity storage, quality of record keeping and reporting, stock status, and commodity availability. Overall, the supervision revealed that:

- Insufficient storage space in health facilities hinders the use of best storage practices
- Integrated LMIS tools were available and regularly used for reporting logistics data in the first quarter of 2017
- Expired stock is not consistently separated from usable stock

When necessary, supervisors provided on-the-job training to facility personnel on completing LMIS forms and reports and on adequate stacking and storage of pharmaceutical products. These supervisions helped administrators understand how facility staff are performing routine commodity management functions and provided an opportunity to improve staff’s commodity management skills.

**Objective 3: Pharmaceutical management information available and used for decision making**

SIAPS completed training of 511 health personnel in the eight regions of Guinea on the use of the standard operating procedures manual for the integrated LMIS. Professionals from the DRS, prefectures, hospitals, and health facilities were equipped with adequate knowledge and skills to fulfill their responsibilities and correctly operate the logistics system. All trained health personnel were provided with blank copies of LMIS reports to support reporting of logistics data for six months.

SIAPS kicked off the process to deploy the electronic LMIS (eLMIS) v2.0 in Guinea. During this quarter, SIAPS completed installation of the eLMIS server and conducted a system administrator training for 25 super users at the central level. This training provided detailed walk-throughs of the steps involved in setting up an eLMIS server and maintaining, monitoring, and troubleshooting the system. This training built capacity and transferred skills to a selected pool of national experts who will maintain and handle the eLMIS platform going forward.

Since January 2017, all health facilities from the eight regions of Guinea have reported logistics data using the integrated paper-based LMIS forms recently rolled out by the MOH with support from SIAPS. Working with the LMU, SIAPS technical advisors based in the different regions coordinated with the DRS, Direction Préfecturale de la Santé, and health facilities in following up with health facilities for consistent monthly reporting of LMIS data. As a result, the average LMIS data reporting rate for the first quarter of 2017 was 70.51%.
As part of its support to the eLMIS implementation, SIAPS acquired a server that will be the back-up host for the eLMIS application. The process to deliver this server to the MOH is ongoing.

**Objective 4: Pharmaceutical services improved to achieve desired health outcomes**

During this quarter, SIAPS supported the Direction Nationale de la Pharmacie et du Médicament (DNPM) in finalizing the treatment flowcharts for the most common pathologies. These treatment flowcharts or algorithms provide a decision tree to use as a quick reference when choosing a diagnose-and-treat strategy. SIAPS is currently working with the DNPM to organize a validation workshop on July 14 that will serve to gather technical input from selected experts at the national level. The resulting flowcharts will be submitted to the Minister for endorsement prior to dissemination and training of facility staff.

**Challenges, Lessons Learned, and Proposed Solutions**

Guinea lost medical supplies estimated at millions of dollars following a devastating fire that gutted the PCG in Conakry. The fire lasted for several hours, reduced the stockpile of antiretroviral (ARV) medicines and medical equipment to ashes, and left the country with insufficient quantities of ARVs to support the continuum of HIV services. There are fears that HIV/AIDS service delivery in health facilities could be jeopardized, but the MOH, in collaboration with all stakeholders, has taken preventive measures to ensure that the stock available in regional depots and health facilities is adequately allocated to sustain product availability throughout the country. In addition, formal contacts have been made with regional and international organizations to secure delivery of emergency stock of ARVs at the central level to resupply health facilities in need.

The fire control system at the PCG was not adequate to contain the fire. Practical solutions are being explored that will enable the PCG to establish an efficient fire control mechanism, such as sprinkler systems in all storage facilities, including regional depots. Strategic and technical discussions have begun between the MOH and donors to address the warehousing constraints (capacity and conditions) both for the state of emergency and the mid-term future.

Although the deployment of the eLMIS was already kicked off by SIAPS, the successful completion of this intervention relies on a smooth transition of LMIS activities and provision of adequate resources (financial and human) beyond the end of SIAPS (September 22, 2017). SIAPS has held discussions with the MOH and USAID around the transition of the eLMIS, but these have not yet led to decisions that will help sustain continuous implementation and mitigate the risks of losing gains from past and existing investments.
Mali

Goal: Ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes

Overall Quarter Progress

During the last quarter, to enhance the pharmaceutical governance sector, SIAPS provided support to the Department of Pharmacy and Medicines (DPM) and the regional directorates of health (DRSs) of Sikasso and Bamako to organize the quarterly coordination and validation meetings on logistics data at the regional and central levels. The objective was to validate the results of quantification of malaria and FP/reproductive health commodities. The meetings were held in May and June in Sikasso, Bamako, and Mopti and helped create a framework for coordinating the pharmaceutical management information system and finding suitable solutions for supply chain at the regional level.

To enhance capacities, SIAPS supported the MOH in the achievement of several key activities. SIAPS has also supported the MOH through the DRSs, the 50 reference health centers (CSRefs) in 5 regions, and the District of Bamako by supplying credits for Internet connections so that logistics data can be entered into OSPSANTE.

SIAPS has also supported analysis of the reports by providing feedback to the different districts. As a result, the reporting rate was 88.95% in late April 2017 for the health facilities.

Regarding storage conditions, several activities have been carried out to finalize the selection of a local company to build the foundation of the prefabricated warehouse in Bamako.

To improve information availability for decision making, SIAPS submitted a procurement planning and monitoring report for contraceptives (PPMRe) and procurement planning and monitoring report for malaria (PPMRm) to inform the national stakeholders and donors on the availability and pipeline of malaria and FP/reproductive health commodities at the central level. As a result, the number of submitted PPMRm’s and PPMRe’s increased respectively from 22 to 23 and from 12 to 13. On the basis of the levels of stocks of the different products and on logistic data, several recommendations were made.

To enhance country’s human resource and institutional capacities, SIAPS supported the MOH in organizing several activities necessary to the deployment of OSPSANTE and the interoperability between OSPSANTE and DHIS2.

Thus, SIAPS has provided support to the DRS of Bamako to train 17 actors (including 7 women) involved in the management of the nutrition and HIV programs on OPSANTE.

Objective 1: Pharmaceutical sector governance strengthened

Regarding governance, SIAPS supported the DPM in organizing the meeting for the technical committee for the management of essential medicines. Held on June 21 and 22, 2017, these meetings have been carried by the main actors of the supply chain: donors, technical services,
and NGOs. The objective of this meeting, held at the central level, was to validate the results of quantification of malaria and FP/reproductive health commodities. It was also the occasion to evaluate the stock status of the MOH’s priority programs for TB, HIV, malaria, FP, and essential medicines.

During the reporting period, several similar meetings on logistics data were held on May 31 in Sikasso, June 9 in Bamako, and June 20 in Mopti. The participants came from 24 districts: Sikasso (10), Bamako (6), and Mopti (8), but also from NGO partners and civil society. Attendees were, among others, focal points of health programs in the regions, those responsible for managing health information, some civil society organizations like the Federation Regionale des Associations de Sante Communautaire (FERASCOM), and other technical and financial partners from the regional level. As a result, SIAPS was able to maintain the participation of the 23 NGOs in the various follow-up meetings for medicine management. This put the number of quantification exercises supported by SIAPS up from 9 to 11.

These meetings were the occasion to analyze logistics data from April 2017. The participants discussed the quality of the data in terms of reliability, timeliness, and completeness and also problems related to the supply chain of essential medicines for the programs, bottlenecks to overcome, key findings/recommendations, other issues identified during supervisions and coaching visits, and corrective measures that were taken.

In term of results, approximately 80% of recommendations from previous quarterly meetings have been implemented for Bamako and approximately 40% for Sikasso.

During this reporting period, SIAPS provided support for organizing the preparatory phases of two important activities: revision of treatment guidelines and an in-depth evaluation of the medicine registration system in Mali.

SIAPS also provided support for organizing the preparatory and workshop phases of quantification exercises for malaria and FP commodities.

*Partner Contributions*

The DPM and the DRSs facilitated and ensured the secretariat for the quarterly meetings.

*Constraints to Progress*

- Inadequate follow-up of recommendations from previous meetings
- Inadequate analysis and availability of high-quality data
Objective 2: Capacity for pharmaceutical supply management and services increased and enhanced

Managing OSPSANTE

As part of the ongoing effort to build sustainable capacity in pharmaceutical management, this quarter SIAPS built capacity of local partners, such as the DPM and the National Agency of Telehealth and Medical Informatics (Agence Nationale de Télé-santé et d’Informatique Médicale [ANTIM]), to take over the management of OSPSANTE. A two-day training was conducted by SIAPS on the back- and front-ends of OSPSANTE. SIAPS also provided all system requirements to host OSPSANTE in a server owned by national entities.

Improving Storage Conditions

For the warehouse-in-a-box (WIB) in Bamako, SIAPS signed a contract with Resolve for the design and a local company has been hired to build the foundation for the prefabricated warehouse. The foundation builder is waiting for a purchase order from the PPM and the arrival of Resolve to start the work.

For the WIB in the regions of Kayes, Koulikoro, and Mopti:

- SIAPS has participated in all the regular meetings of the Steering Committee of the WIB projects and all the work done by the commission evaluating the PPM’s tenders.
- A screening report on the 11 pre-selected local companies was examined for their potential employment to build the foundation of the WIB.
- The record of appeal of offer (DAO) for the selection of a local company to build the foundation has been developed and validated by the Direction Générale des Marchés Publics (DGMP).
- The technical committee has selected 3 firms from the 11 prescreened on the basis of the competitiveness of their preliminary estimates.
- The DAO for the selection of the firm is being examined by the DGMP.

During the quarter, SIAPS also continued the weekly collection and analysis of logistical data from the PPM on four categories of products:

- A basket of essential medicines (12 products)
- Malaria medicines (21 products)
- Maternal, newborn, and child health medicines (20 products)
- Contraceptives (9 products)

This weekly analysis allows the PPM to anticipate stock-outs and to take appropriate actions to manage them.

Partner Contributions

- All the above partners contributed to identifying bottlenecks and solutions
The health districts and the DRSs for monitoring the completeness of data for the four categories of products
Regional pharmacists for publication of the data completeness reports
Monthly analysis of the data generated by OPSANTE

Constraints to Progress

Ownership by the districts and DRS to ensure the monitoring of data entered into OPSANTE.

Objective 3: Pharmaceutical management information available and used for decision making at different levels of the health care system

Deploying the New OPSANTE Modules for HIV, Nutrition, and Ebola of at the Regional and Peripheral Levels

SIAPS provided technical support to the DRS of Bamako for training staff from six health districts on the newly created modules for the nutrition and HIV portals of OPSANTE. Financed by the Global Fund, this training gathered the focal points of both health programs, those responsible for managing health information, and district pharmacists; 15 persons, including 7 women, were trained. After the training, the participants entered reports from January through May 2017 for these programs. The next steps will be training in the regions of Kayes, Koulikoro, Segou, Mopti, and Sikasso.

In response to the new Ebola virus disease outbreak in the Central Africa regions, SIAPS supported the Department of Emergency Operations in organizing the physical inventory of Ebola commodities for Kayes, Koulikoro, and Sikasso. This inventory constituted the preliminary phase of training on the Ebola module for OPSANTE. In total, 40 facilities were visited for the inventory and supervision according to the list of facilities on essential corridors chosen for each region by the DRS.

The main findings are as follows:

- Trained staff on the first OPSANTE modules were present at the CSRef level
- Essential materials and medicines were available
- Facilities on some corridors were not functioning
- Absence of stock cards
- Inappropriate storage of commodities

The next steps will be the organization of an orientation workshop for the regional actors involved in the logistical management of Ebola commodities followed by the entry and analysis of the data collected during the inventory.

Strengthening Interoperability between OPSANTE and DHIS2

During this reporting period, SIAPS participated in the meetings of the DHIS2 technical committee and also its steering committee, chaired by the minister of health. To ensure
interoperability between DHIS2 and OSPSANTE, a plan was drafted by the DPM and the terms of reference for the recruitment of a consultant were developed.

As part of the technical assistance to improve decision making, SIAPS provided support to the MOH through the DPM, the National Malaria Program, and the PPM for the preparation and submission of the PPMRm’s and PPMRc’s. For each quarter, data are collected on the stock status, shipments, and products received to better orient new shipments of malaria and FP commodities. The data collection covered logistics data from January to May 2017. As a result, the number of submitted PPMRm’s and PPMRc’s increased respectively from 22 to 23 and from 12 to 13.

On the basis of the levels of stock for different products and logistic data, several recommendations were made.

**Partner Contributions**

- The Department of Emergency Operations is currently leading the inventory.
- The DRS and DPM facilitated the training on the newly created OPSANTE portals (nutrition and HIV) and Global Fund took care of the financing.

**Constraints to Progress**

- Unavailability of some reports on nutrition for January to May 2017
- Only HIV commodity and patient data for communes (counties) 2 and 5 have been entered into OSPSANTE
- The logistic management reports for the other counties were not available due to non-utilization of logistic management forms by these counties.

**Objective 4: Pharmaceutical services improved to achieve desired health outcomes**

No activities this quarter.
Mozambique

Goal: To ensure access to safe, effective, and quality pharmaceutical products and services that help achieve desired health outcomes

Overall Quarter Progress

During PY6Q3, SIAPS finalized a version of the national essential medicines list (NEML) and submitted it to the MOH for review and approval to print.

SIAPS continued to support MOH in the use of Pharmadex in the following:

- Dossiers submissions and evaluation
- Coordinate with the IT team to make changes on Pharmadex (development of reports module)
- Training of applicants on dossiers submission

SIAPS also supported Hospital Pharmacy Department (HPD) in conducting an antiretroviral treatment adherence study in one general hospital in Maputo city.

Objective 1: Governance in the pharmaceutical sector strengthened

To strengthen the Pharmaceutical Department (PD) M&E system, SIAPS supported the M&E staff in preparing a quarterly report (January-March 2017) through data collection for the main indicators that have been reported. The results show an increase of 16% in the average number of days to register a product from 285 days in the previous quarter to 330 days in January-March 2017. A total of 258 out of 556 EML products were registered (46.40%).

The number PV center received 626 ADRs in this quarter, but none have been reviewed.

To improve the accuracy of PV indicator results, data were collected and analyzed (data quality assessment). As a result, SIAPS proposed an ADR codification system, which was approved by the PD. The second stage was to ensure that the focal point was able to create the codes and also to ensure adequate use at all levels. For this, SIAPS supported the PV center in preparing a codification presentation that should be shared with all PV units and should be used as training material in supervision activities. SIAPS also supported the design of an improved information flow from the health facilities to National PV center.

Since June17, SIAPS has been working with the PD inspection department to improve the importation process of medicines. The aim is to simplify the process, eliminate activities that do not add value, standardize procedures, and reduce the processing time of authorization for importation. Initially, meetings were held with inspection staff from importation and administration to better understand the actual importation process. SIAPS produced flow charts and process maps for the main parts of the importation process: requesting a certificate of importation (BIEF), requesting a narcotics certification, and clearing customs. A tool was then developed to measure the amount of time each step took; the average length of time the whole
process of importation took was also determined. Therefore, all persons involved in this process were trained to use this tool and were invited to validate it by participating in the test phase. In April 2017, SIAPS supported the MOH in training three applicants in a pilot training. After the training, the applicants were able to visualize the system as public users, access Pharmadex, reset the system-generated password; register themselves as applicants (each applicant submitted at least three dossiers); register medicines and submit dossiers, and practice submitting dossiers. During the training, applicants identified improvements needed in Pharmadex, which were reported to the IT team in HQ, who are working to deploy a new version. Using Pharmadex will reduce the workload of registration staff and make the process more automated. The number of dossiers submitted to Pharmadex increased, not only because of use by PD staff, but also because of the number of applicant submissions during January to March (57 submissions) and April to June (144 submissions). Following the first training, scale-up is being performed using a new methodology, in which training is conducted on days that dossiers are scheduled for submission, instead of a training a group of applicants on any given day. This strategy reduces costs and increases the time that trainers are available to applicants.

**Partner Contributions**

- PD IT was active in learning and implementing help desk skills.
- Two PD staff were active members of the technical working group and contributed to data collection and writing the PD quarterly report.
- PD staff demonstrated improved performance in using Pharmadex and are more confident in using the system for registration.

**Objective 2: Capacity in pharmaceutical management increased and enhanced**

No activities during this quarter.

**Objective 3: Pharmaceutical services improved to achieve health outcomes**

During FY15-16, SIAPS supported the Hospital Pharmacy Department (HPD) of MOH to design, test, and scale medicine use studies (prescription, medication errors, and consumption) in hospital DTCs. To complement these studies, DTCs need to perform other activities, such as evaluating medicine use, improving ADR reporting and analysis, managing medicine formularies, improving treatment adherence, and mapping processes.

SIAPS also supported the HPD in a study of ARV treatment adherence developed by WHO (INRUD) and process mapping and improving queue time in one general hospital located in Maputo City. Results of the study indicated that 95.8% of patients demonstrated total adherence (target is 95%); 58% of patients were covered by ARVs dispensed for a defined sample of patients for the average number of days (180 days) in the period under review (target is 100%); 8% of patients experienced a disruption in ARV availability for more than 30 days within 30 days (target is 0%); 96% of patients attended on or before their scheduled appointment day (target 96%); 96% of patients who attended within three days of their scheduled appointment day (range is 72-96%).
Partner Contributions

HPD supported with data collection and administrative arrangements for the study.
Namibia

Goal: To improve the quality and safety of pharmaceutical products and services for sustained HIV epidemic control in Namibia

Overall Quarter Progress

In May 2017, the Namibia Medicines Regulatory Council (NMRC) licensed the registration of TDF/FTC (trade name Truvada®) for pre-exposure prophylaxis (PrEP). SIAPS facilitated the expedited registration of TDF/FTC and other necessary pharmaceuticals to manage HIV and other diseases. This was part of SIAPS technical support to improve efficiency in the registration of pharmaceutical products in Namibia by using an electronic tool called Pharmadex. In Q3, SIAPS supported the NMRC in testing the improved version of Pharmadex, orienting eight NMRC staff on the tool.

In April 2017, the University of Namibia, School of Pharmacy (UNAM-SoP) graduated 22 pioneer pharmacy technicians, a new cadre in Namibia. SIAPS contributed to capacity enhancement of UNAM-SoP by defining a career pathway for PAs and developing pre-service training modules for pharmaceutical management, resources which supported UNAM-SoP’s training of pharmacy technicians and pharmacists.

With SIAPS technical assistance, use of the facility electronic stock card (FESC) for managing ARVs and other essential medicines expanded to seven PHC facilities, bringing the cumulative number of facilities using the tool to 48 since its implementation in 2016. FESC replaced the manual stock cards at public health facilities in Namibia. It enhances inventory management of ARVs and other essential medicines, provides auditable records of transactions for accountability purposes, and frees pharmacy staff from the voluminous, repetitive manual inventory control chores, thereby availing more time for the pharmacy staff to dedicate to patient care.

SIAPS expanded the use of the electronic dispensing tool (EDT) to one Walvis Bay Corridor Group (WBCG) health facility in support of MOHSS’ decentralization of ART services. With the installation of software and staff orientation, WBCG started offering ART services to key populations, especially truck drivers and commercial sex workers at the site in the HIV/AIDS hotspot town of Walvis Bay and served/enrolled at least six new ART patients in Q3.

With SIAPS technical assistance, Namibia started implementing group ARV refills through community adherence support groups (CASGs) as part of community-based ART (CBART), an ART differentiated care model adopted by Namibia in the 2016 National ART guidelines. SIAPS supported the MOHSS and partners in configuring EDT for dispensing ARVs to CASGs, a change from dispensing to individuals. SIAPS also developed and oriented health workers on pharmacy dispensing SOPs, which include process flow for group ARV dispensing and monitoring tools that will be used by pharmacy staff and CASG leaders. EDT is used for dispensing ARVs and capturing ART patient information, including adherence to treatment in public health facilities. As of May 31, 2017, 55 groups had been created with approximately 660 ART patients who were ready for implementation of CBART.
An overall 2% improvement to an average national score of 68% in pharmaceutical service delivery was observed from the national annual service quality assessments (SQAs) conducted in Q2. The 68% is a notable improvement from the 42% overall score of facilities in 2014 assessments. The score is a measure of public health facility performance and quality of pharmaceutical services based on selected pharmaceutical service indicators that are measured with a scored checklist.

**Objective 1: Quality and safety of ARVs and medicines for opportunistic infections ensured**

In May 2017, the NMRC licensed the registration of TDF/FTC (trade name Truvada) for PrEP. PrEP is the WHO-recommended use of ARV medicines by those not infected with HIV as a preventative measure. SIAPS facilitated the expedited registration of TDF/FTC and other pharmaceuticals to manage HIV and other diseases. This was part of the SIAPS technical support to improve efficiency in the registration of pharmaceutical products by using Pharmadex. This significant achievement will go a long way toward enabling Namibia to achieve zero new infections. The approval of TDF/FTC by the NMRC on May 11, 2017, brings renewed hope for achieving an AIDS-free generation in Namibia. The availability and use of TDF/FTC for PrEP for adults at high risk of sexually acquiring HIV could significantly reduce the emergence of new HIV infections among high-risk groups.

SIAPS tested the improved web-based version of Pharmadex with the NMRC. The testing exercise also served as orientation sessions for eight NMRC staff who were taken through the process of registration. During the sessions, recommendations were summarized and submitted to the programmers to further reconfigure Pharmadex for deploying on the web to facilitate online processing of medicine registration by pharmaceutical companies. SIAPS continued updating the tool in Q3. The common technical document sections for screening and reviewing questions were edited in Pharmadex on the National Medicines Policy Coordination server. This customization will help the NMRC process dossiers faster by focusing on the requirements of NMRC only when they start using Pharmadex.

**Partner Contributions**

- NMRC was essential for the implementation of Pharmadex and registration of TDF/FTC-based ARV formulations for PrEP of HIV.

**Constraints to Progress**

- Several updates and further enhancement requests by the NMRC have delayed the finalization of Pharmadex and the opening up of the system for use by entities intending to submit medicine registration applications; SIAPS is working with the programmer to incorporate more changes recommended by NMRC in Q3.
Objective 2: HR capacity in pharmaceutical management and service delivery strengthened for improved HIV and AIDS treatment outcomes

Two local training institutions that SIAPS has supported over the years continued training pharmacy professionals—the National Health Training Center (NHTC) training PAs and UNAM-SoP training pharmacists and pharmacy technicians. UNAM-SoP provided in-service training through the Medicines Utilisation Research in Africa (MURIA) Symposium, which the Health Professions Council of Namibia accredited with 16 credit education units. A total of 38 PAs, 22 pharmacy technicians (a new cadre), and 33 pharmacists graduated from the NHTC and UNAM-SoP. The 93 graduates brought the cumulative number of pharmacy professionals trained during the SIAPS Project’s lifetime to 252, which is 53% above the life-of-project target of 164 graduates. USAID’s support to the NHTC and UNAM-SoP through SIAPS continues to significantly increase the availability of local, qualified, certified pharmacy staff to decentralize and expand access to ART services and improve the quality of dispensing services.

SIAPS provided technical assistance to UNAM-SoP as a member of the organizing committee for the third MURIA Symposium which UNAM-SoP hosted in Windhoek in June 2017 with the theme of influencing patient care and policy. SIAPS, whose aim is to ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes, has enhanced capacity of UNAM-SoP to provide pre- and in-service pharmaceutical management training and conduct assessments to inform RMU and prevent AMR including HIV drug resistance (HIVDR). The symposium benefitted participants from 16 countries within and outside Africa. UNAM-SoP presented a poster entitled A Cost-Effective Model for Monitoring Medicine Use in Namibia: Outcomes and Implications, whose results emanated from the SIAPS-supported annual medicine use assessments by BPharm students initiated in 2013. The poster depicts a sustainable model for conducting annual medicine use assessments. The UNAM-SoP MURIA Symposium increased the number of technical assistance assignments completed by local partners to eight, well above the SIAPS life-of-project target of five.

SIAPS oriented six ART pharmacy staff on use of the mobile EDT (mEDT) to dispense and manage patients and stock at PHC facilities implementing NIMART and outreach sites for ART services in Onandjokwe district. The staff trained included pharmacy staff and administration assistants that have been tasked by district management with supporting the quality of data obtained from the EDT that is used for collecting dispensing data from PHC facilities offering ART services.

SIAPS supported the MOHSS in training 10 PAs and nurses on inventory control and good storage practices in May 2017. MOHSS, with the support of the Global Fund, financed the participants’ logistics while SIAPS provided technical assistance. The training enhanced the health care workers’ knowledge by at least 15% as observed from pre- and post-test scores.

SIAPS supported the WBCG in orienting four staff on the use of the EDT, FESC, and basic inventory control and storage principles at the Walvis Bay wellness clinic. The support enabled the clinic to start offering ART services and served at least one ART patient. The WBCG has partnered with the MOHSS through a public-private partnership initiative to assist the government in decentralizing ART services.
SIAPS provided technical assistance to pharmacy staff and nurses to enhance their capacity on the use of the EDT and mEDT for ART and pharmaceutical data capture, inventory management using the FESC and Pharmaceutical Information Dashboard (PID), and implementation of CBART. More than five public health facilities in the northern regions of Namibia benefitted from facility-based technical assistance, and 55 CBART groups were created, catering to 665 patients.

SIAPS provided technical assistance to seven pharmacy staff at five health facilities in three of Namibia’s 14 regions on how to upload pharmaceutical management information systems (PMIS), logistics management information system (LMIS), and ART reports to the PID for pharmaceutical information.

**Partner Contributions**

- MOHSS: Directorate of Tertiary Health Care and Clinical Support Services, Division: Pharmaceutical Services (Div:PhSs) and Sub-Division: National Medicines Policy Coordination on compiling the technical feedback report for national pharmaceutical services’ supervisory support visits of 2017
- MOHSS Div:PhSs on demonstrating the PID at the third MURIA Symposium in June 2017
- UNAM-SoP on organizing the third international MURIA workshop, graduation of pharmacists and pioneer pharmacy technicians in 2017
- NHTC on the graduation of PAs

**Constraints to Progress**

- MOHSS staff changes at facilities using the SIAPS-supported EDT and FESC affected continued and efficient use of the tools for ART and pharmaceutical inventory management among other key pharmaceutical functions
- Lack of a sustainability plan that includes maintenance and use of handed-over tools negatively affects continued use of the tools, e.g., of the EDT, FESC, PID, and eTB Manager

**Objective 3: Availability and use of pharmaceutical service data is enhanced for improved quality of ART services**

A total of 53 main ART sites (serving 118 NIMART sites) and 3 WBCG clinics used a patient-level electronic record system, EDT and mEDT, for recording and reporting data on ARV dispensing and ART patients, including early warning indicators of HIVDR.

SIAPS supported the MOHSS in expanding the use of the FESC to nine additional facilities, increasing the number of FESC sites from 39 in Q2 to 48 in Q3. FESC has simplified pharmaceutical inventory management, thereby speeding up servicing of patients at pharmacies and availing more time for pharmacy staff to give better care to patients. Reports generated from FESCs are posted to the PID so MOHSS managers can have quick access to and use of pharmacy information for decision making.
In support of implementation of the EDT at new decentralized ART sites, SIAPS provided technical assistance to Onandjokwe District Hospital (DH) in setting up and networking two new EDT stations at the ART pharmacy to increase the number of dispensing stations and reduce patient waiting times. Reduced waiting times are expected to improve adherence as ART patients do not have to endure huge disruptions to their daily schedules to pick up ARV refills.

SIAPS completed installation of the EDT and FESC at the third WBCG roadside wellness clinic and oriented four staff on use of the tools and basic inventory control and storage principles. All 3 WBCG clinics started providing ART services and served 30 ART patients in Q3. SIAPS also supported the WBCG in solving software and hardware problems identified during installation and training.

To enhance use of the PID by MOHSS managers, SIAPS supported the Div:PhSs in orienting 68 MOHSS managers in 14 regions on how to access and use information from the PID for pharmaceutical decision-making. The orientation was provided through a video workshop from the MOHSS-Directorate of Special Programs (DSP) through the ECHO platform. The SIAPS-implemented PID improves coordination among facility, regional, and national stakeholders involved in HIV commodity management, thereby increasing the use of pharmaceutical management information for decision making at all levels of health care to improve planning for financial resources for pharmaceutical commodities. The PID also shows the number of people accessing ART and acts as an early warning system against stock-outs of ARVs and other essential medicines.

SIAPS supported Div:PhSs to operationalize the PMIS module of the PID to allow health facilities to enter data directly into the web-based platform. Templates for uploading PMIS reports were also reviewed and shared with health facilities to facilitate uploading reports from Excel-based templates; 92% of facilities reported through the PID in Q3. In Q4, SIAPS will work with program managers to create and implement plans to improve reporting rates.

SIAPS supported UNAM-SoP in orienting 38 pharmacy technician students on accessing the PID for pharmaceutical information and using PID, LMIS, and ART reports in decision making for pharmaceutical services.

SIAPS discussed with the Namibia Planned Parenthood Association (NAPPA) modalities and requirements for initiating NIMART training in NAPPA clinics in seven PEPFAR priority regions. SIAPS provided technical advice on requirements to install and use the EDT and FESC for ART and pharmaceutical services.

SIAPS, in collaboration with the Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM) Project, held two meetings with the Nutrition Access Counseling and Support (NACS) team to discuss integration of NACS into the MOHSS pharmaceutical eLMIS and prepare for storage and distribution of therapeutic and supplemental food (TSF) procured through USAID. SIAPS also presented the conceptual frame for the integration of the NACS LMIS during the national planning workshop that was attended by participants from five regions and chief health program coordinators responsible for family health activities and the NACS Program.
Partner Contributions

- GHSC-PSM on integrating TSFs into the MOHSS pharmaceutical eLMIS
- MOHSS—Primary Health Care Directorate for training on the food distribution framework for the NACS Program
- MOHSS—management and health facilities in Khomas region on installations and orientation of pharmacy staff on FESC at six sites
- WBCG on training health workers for ART service delivery—inventory and ART program management using FESC and EDT at the Walvis Bay wellness clinic
- MOHSS—DSP and Div:PhSs on support to health facilities using the EDT, mEDT, FESC, e-TB Manager, and the PID

Constraints to Progress

- Lack of mEDT devices to distribute to PHC facilities to capture ART program data impacts timely reporting. SIAPS is in the process of procuring and testing new devices with specifications to meet the data capture and reporting needs of the ART program. The procurement will be expedited in Q4.
- Staff changes without proper skills transfer at health facilities impacts continued and efficient use of electronic tools for pharmaceutical management. Health facility staff needs refresher training on EDT and mEDT to train new staff on how to use the tools.
- Some FESC sites were unable to produce LMIS reports for uploading to the PID. Online support was provided to solve the problem at some of the health facilities.
- FESC had some challenges like auto-recalculation of average monthly consumption to enable auto-generation of main orders for medicine refill from medical stores. SIAPS created a script to fix this problem and this will be run on all FESC computers as an update.

Objective 4: Quality, efficiency, and accessibility of pharmaceutical services strengthened to attain 90% treatment coverage and 90% viral suppression

SIAPS supported MOHSS’ DSP in developing an implementation plan for a short-text adherence reminder system at ART sites in Namibia. A progress report on the lessons learned from implementation was presented to the MOHSS’ Technical Advisory Committee (TAC) for HIV/AIDS. A draft report has been developed for presentation to MOHSS management to obtain approval for roll-out to all ART sites.

SIAPS provided on-site technical assistance to PAs at two HCs in Oshana region on capturing ART patient information in the EDT using information from patients’ health passports, flagging patients for group ARV refills, and tools for group ARV dispensing. Okankolo HC serves about 800 ART patients, but had only about 300 patients’ information captured in the EDT since its installation in Q2.

SIAPS supported MOHSS in disseminating findings and recommendations on pediatric AIDS in a poster entitled Pediatric Antiretroviral Treatment Uptake, Adherence, Regimen Switches, and Retention in Care in Namibia at the 12th international workshop on HIV treatment and prevention adherence held in Miami in June 2017 and as an oral presentation at the third MURIA
Symposium held in Windhoek in June 2017. Extensive dissemination of SIAPS-supported work makes information available for stakeholders’ action to improve ART and other services.

SIAPS provided technical assistance to MOHSS to compile a feedback report following SQAs conducted in Q2. The SQAs assessed progress in implementing FESC at ART sites. The report highlights performance of public health facilities in the delivery of pharmaceutical services by using various indicators. It helped MOHSS managers identify and prioritize poorly performing facilities, allowing selected interventions to be directed to help the health facilities improve their pharmaceutical service delivery.

SIAPS is collaborating with other development partners and the MOHSS-DSP in implementing the differentiated model of care in managing ART patients at high-volume ART sites in selected PEPFAR priority regions. SIAPS provided technical assistance to pharmacy staff and clinical mentors at ART sites to implement community-based systems for providing ART. A total of 11 pharmacy staff in 3 of Namibia’s 14 regions were oriented on the SOPs for dispensing ARV medicines to CBART groups. The EDT at four ART sites was updated to facilitate addition of CBART groups and flagging of pre-screened patients for their respective groups. Two CASG leaders of CBART groups were oriented on using paper-based tools to support dispensing to CBART group members at community-based ARV pick-up points. Nurse and clinical mentors were also oriented on the tools to enhance their capacity to support CASG leaders in dispensing ARVs at community-based sites and monitor patients’ adherence to treatment.

SIAPS provided technical assistance to MOHSS’ AMR technical working group in reviewing drafts of the situational analysis of strategies to combat AMR and the multi-sector action plan for containing the development of AMR in Namibia.

SIAPS provided technical assistance to the steering committee for reducing hospital-acquired infections (HAI) and promoting RMU and infection prevention and control (IPC). The technical assistance included developing training materials and planning for RMU, IPC, and HAI workshops for health facilities in the Oshikoto region.

SIAPS supported the MOHSS in disseminating findings and recommendations through an oral presentation entitled Short Message Service Reminders Improve Patient On-Time Pill Pick-Up of their Antiretroviral Medicines in Namibia, which was presented at the MOHSS TAC in May 2017 and at the 12th international workshop on HIV treatment and prevention adherence in June 2017. The abstract was rated as one of the top three and slated for oral presentation at the opening of the conference. The feedback is helping SIAPS compile a comprehensive report to guide national scale-up of the intervention.

**Partner Contributions**

- Project HOPE on CBART implementation
- TONATA on CBART implementation
- IntraHealth on CBART implementation
- MOHSS–Onandjokwe DH, Onyanya HC, Okankolo HC, Onayena HC, Intermediate Hospital Oshakati, Eenhana DH, Engela DH, Odibo HC, Ongha HC, Ongwediva HC, Oshikuku DH
• MOHSS TAC on SMS reminder implementation for ART adherence
• MOHSS-NTLP on new anti-TB medicines/Nemlist and pediatric formulations, MDR short regimen and continued use of eTB Manager for managing drug-resistant TB patients
• UNAM-SoP and MOHSS–Div:PhSs on organizing MURIA and on Namibia’s progress on AMR

Constraints to Progress

• The lack of clinically screened and approved list of ART patients in CASGs to add to and flag in the EDT for group ARV refills delayed progress of flagging patients for group ARV refills.
• Format of screened list from the clinical team to pharmacy staff to be used for group ARV refills delayed relevant modifications to the EDT for capturing data on group ARV refills; SIAPS discussed with stakeholders the details needed in CASG lists for flagging in the EDT.
• Active follow-up of SMS sites has been inadequate; SIAPS will be visiting SMS sites in Q4 to ensure the intervention is implemented effectively and results are utilized for the roll-out phase to other sites.
Philippines

Goal: To strengthen key institutions in reducing the TB burden through increased access to quality and effective pharmaceutical and laboratory services

Objective 1: Capacity for pharmaceutical and laboratory leadership, governance, and management improved

On May 19, 2017, SIAPS convened a meeting of its partners to project the National TB Program (NTP) initiatives to the Department of Health (DOH) Executive Committee and partners in building resilient pharmaceutical systems for TB in the country and initiate a discussion to move forward on building resilient pharmaceutical systems in the Philippines. The meeting brought together SIAPS partners; experts from USAID, WHO, and the NTP; and TB partners, including the Philippine Business for Social Progress and STOP TB – Global Fund. More than 30 participants discussed existing pharmaceutical system policy, law, and governance; regulatory systems through the Food and Drug Administration; pharmaceutical products and services (supply chain strengthening); human resources; financing; information; innovation, research, and development; and manufacturing and trade. Recommendations were made to enhance the performance of national pharmaceutical systems. Key next steps identified at the event include coordination meetings with the DOH to enhance supply chain management, support the NTP’s new strategic focus to eliminate TB, and other initiatives presented for pharmaceutical systems strengthening.

During this quarter, SIAPS finalized the Barangay Health Management Council (BHMC) Guide to help local government units establish BHMCs in their areas to improve the delivery of TB control services. It includes guidance for the pre-establishment or preparatory phase, which includes the barangay situational analysis and the organization of the BHMC core team and secretariat; operationalizing the BHMC, including developing, implementing, and monitoring the BHMC work plan and evaluating the results; and monitoring and evaluating BHMC establishment and performance. It also includes strategies to institutionalize and sustain BHMCs.

In addition, SIAPS completed the following:

- The 2014 National TB Reference Laboratory Report (NTRL), which is the first annual report of services provided by the NTRL. It was developed in collaboration with NTRL staff and management.
- A draft of the Laboratory Network Monitoring Guide. This guide will be used by regional and provincial medical technologist coordinators when they monitor their laboratory networks.
- A draft of the TOT on basic TB microscopy. This is an enhanced and updated version of a TOT package developed by the NTRL for the laboratory network. The training design is competency based. Rubrics were developed to standardize the evaluation of the trainers’ performance. It will be used nationwide when the NTRL decentralizes laboratory training for basic TB microscopy.
- The Laboratory Information Management Training package.
was designed to enhance the capacity of laboratory staff in utilizing information from the laboratory network for analyzing LNW performance, planning, decision making, and information sharing. It was first used for NTRL technical staff.

- A draft report on the LNW assessment. The findings have been shared with the NTRL, which will use the data to improve the laboratory system and management of the laboratory network.

- A draft of the Laboratory Training Decentralization Strategy. This is the guidance document for decentralizing laboratory trainings.

In addition, SIAPS participated and provided input to finalize the DOH-NTP Philippine Strategy to Tuberculosis Elimination in the Philippines (PhilSTEP1) 2017–2022.

**Partner Contributions**

In coordination with participants and partners, the NTP provided support for the dissemination meeting. The NTP and partner stakeholders also joined the meeting as participants.

**Objective 3: Capacity of NTP to deliver pharmaceutical and laboratory services improved**

During this quarter, SIAPS supported the NTP in the roll-out orientation of PViMS. SIAPS has oriented 34 participants from Region VI and has built the capacity of the NTP training unit on the orientation of PViMS. During the roll-out orientation by the NTP training unit, SIAPS provided support by creating 517 user accounts and test patients for participants. The LCP-NCPR started utilizing PViMS as its pharmacovigilance tool/database.

SIAPS continues to work with the Department of Health - Knowledge Management and Information Technology Section in developing PViMS and ITIS interoperability and its implementation.

SIAPS continues to support NTP operational research and migrated 9MTR study data of 56 patients to PViMS. A total of 836 adverse events were coded into medDRA prior to migration to PViMS.

**Partner Contributions**

Meetings held at partners’ venues.
Sierra Leone Ebola

Goal: Strengthen pharmaceutical management systems for ensuring availability of quality pharmaceutical products and rational use to achieve desired health outcomes

Overall Quarterly Progress

During this quarter, SIAPS/Sierra Leone implemented the following key activities:

- The web-based, electronic dashboard developed for data management/display for antiretrovirals (ARVs) and related products has been enhanced to include other program products, such as malaria, TB/leprosy, and key essential medicines. The Continuous Results Monitoring and Support System (CRMS) has also been added to the dashboard. The SIAPS consultant provided training to central and district personnel of the Ministry of Health and Sanitation (MOHS).
- Five more hospitals have been oriented to establish Drug and Therapeutics Committees (DTCs), bringing the number of hospitals with DTCs to nine.
- Pharmacists from the DDMS, hospitals, and districts were provided training in leadership, management, and governance using the Leadership Development Program (LDP) approach of MSH.
- The printing of the improved treatment registers/summary reports was completed.
- Training of trainers (TOT) on the forms was conducted, and cascade training is on-going.
- The Excel-based electronic treatment register (eTR) for patient-product data entry from prescriptions was introduced in four hospitals with DTCs.
- Up-to-date technical reference books procured by SIAPS and consigned to the US Embassy were received; a distribution list has been prepared and is awaiting a formal donation of the resources to the minister of health by the US ambassador by July.
- Quantification/training for ARVs and related HIV/AIDS diagnostic agents, etc., was conducted for the upcoming 2018-2020 procurement to be supported by the Global Fund.

Objective 1: Directorate of Drugs and Medical Supplies (DDMS) ability to effectively support health facilities is strengthened

Leadership Development Program

SIAPS conducted a ten-module LDP to teach pharmacists the basic practices of good leadership, management, and governance to help them identify challenges, solve problems, and lead their teams. It was the first such training in the country, which is still rebuilding and strengthening its health system after the Ebola epidemic.

A total of 17 pharmacists from DDMS, districts, and hospitals participated in a two-week TOT. The purpose was to create a pool of LDP facilitators who could then cascade the program as trainers throughout the 13 districts of Sierra Leone. The new trainers facilitated the first cascade training for 35 participants drawn from the pharmaceutical sector.
Four high-performing trainers were given the opportunity to facilitate the senior (Stakeholder/Partner) Alignment Meeting (SAM), attended by medical superintendents, district medical officers, and representatives from USAID and UNICEF. This facilitation of the SAM was intended to build confidence of the trainees and to engage senior managers of the MOHS and partners to appreciate the role that LDP-trained facilitators can play and to seek their support for programs they are implementing. SAM participants appreciated the trainers and commented on their excellence, passion, energy, and mastery of the LDP content.

At the end of the TOT and cascade training, participants were given a 4 GB flash drive containing an extensive library of workshop materials and SIAPS and other technical materials (17 references in all) that the trainees can use for future training in their respective districts and to further their skills and knowledge. Certificates were awarded by USAID, DDMS, and SIAPS at the end of the training. The event was well covered by local media.

The pre- and post-evaluation of the LDP training showed an increase in confidence, skills, and knowledge of the participants.

The trained staff have shown that they not only have mastered modules 1-4, but that they have also demonstrated a shift in their thinking and reasoning, which will help them as coaches for their fellow team members at their workplaces. At the end of the TOT, they reflected on how they can act more like “managers who lead.” They committed to:

- Proactively engaging stakeholders rather than waiting for orders from above
- Taking ownership of and responsibility for one’s actions in the workplace
- Taking action on challenges and adopting a “we can do it (together)” attitude
- Never giving up (perseverance) and never giving up on engaging and inspiring stakeholders

USAID Global Health Security Agenda Advisor, Dorothy Peprah, attended; she described the training as “an important milestone and an engine for pharmacists to improve on the health of the people of Sierra Leone.”

The training consultants commented, “given that both the process (facilitating versus lecturing) and the concepts and tools were new to most, we were impressed with their transformation. Those who had not benefitted from the intense preparations, feedback, and rehearsal sessions, were simply lecturing as they always had and not able to engage the participants.”

**DDMS Organogram**

As part of the LDP, a one-day meeting was organized for all DDMS to build consensus on, fine tune, and finalize the draft organogram. The session was designed using the Challenge Model and included presentations and group exercises and resulted in the staff owning their terms of reference and a final version of the organizational structure. This tied in very well with the LDP training, which gave participants the opportunity to utilize their newly gained skills of leadership and management. The next step is to get the final organogram adopted by the MOHS.
**Objective 2. Strengthen supply chain management from district to PHU level**

*Continuous Results Monitoring and Support System*

SIAPS helped the country institute a CRMS to assess baseline challenges in pharmaceutical management and regularly track and support improvement in key areas. The CRMS uses a series of indicators to track and monitor factors that influence medicine availability and disease case management.

The CRMS activity has been rolled out in all 13 districts in the country and includes 1,055 of 1,241 health facilities (85%). Review meetings and action plans have been held in seven districts. Following completion of the first cycle in all districts and a second cycle in 10 of the 13 districts, SIAPS focused on completing data entry and aggregation during the quarter. Planning for the third cycle of CRMS and for three districts undergoing the second cycle is finalized. Two districts are conducting their CRMS during this quarter with the remaining 11 districts planning to do their respective CRMS in July 2017.

*Storage Improvement of PHUs*

Data from past CRMS is being used to continuously identify PHUs requiring infrastructure improvement, such as shelves, pallets, storage cabinets, and other quick-fix measures, such as fixing locks, windows, and doors for ensuring security. During the quarter, 13 PHUs in Tonkolili and Portloko benefitted from infrastructure improvement. This intervention has implications for good storage practices that contribute to better inventory control and safety of medicines.

*Drugs and Therapeutic Committees*

DTCs are a key mechanism for strengthening pharmaceutical management systems and ensuring rational medicine use at health facilities. Following the successful launch of four hospital DTCs in Freetown and Makeni, five more hospitals have been trained/oriented to establish DTCs during the quarter.

Connaught Tertiary Hospital in Freetown has succeeded in revising and implementing the hospital treatment chart as part of its DTC functions. The adoption of the improved treatment chart will harmonize patient recording and will be used as a data source for the pharmacy/treatment register.

Six of these hospitals have introduced new prescription forms to guide drug-use information-gathering, including rational use. The SIAPS senior technical advisor (STA) arrived in the country and was embedded with the DDMS for four weeks (ending July 6) to provide technical assistance for rolling out DTC activities in all newly established DTCs and to orient and train participants from nine hospitals on the revised eTR and ADE/pharmacovigilance reporting.

SIAPS conducted a DTC brainstorming and harmonization session for all represented hospitals and DDMS during the LDP training to discuss expectations, progress, challenges, and work on
the way forward. The DDMS DTC focal person was formally introduced so that the hospitals know who to contact.

**Quantification for HIV and Related Products**

During this reporting period, the SIAPS STA, currently embedded with the DDMS, provided support to the National HIV/AIDS Secretariat and the HIV quantification working group, as they work toward development of a three-year (2018-2020) proposal to be submitted to the Global Fund. The commodity groups included in the quantification were HIV rapid test kits; ARVs for ART; medicines and supplies for opportunistic and sexually transmitted infections; condoms and lubricants, CD4, and viral load reagents and supplies; CD4 machines; and other supplies and consumables. The main areas of assistance were defining quantification data requirements, collection and organization of data and assumptions, analysis of data and drafting of assumptions, preparation for data and assumption validation, and consensus building workshop.

**National Medical Supplies Agency (NMSA) to Replace the National Pharmaceutical Procurement Unit (NPPU)**

A government gazette volume CXLVIII titled *The National Medical Supplies Agency Act*, dated May 11, 2017, was published for public comments. The act will be presented to Parliament for officially replacing the NPPU with the NMSA. SIAPS has been actively engaged in advocating for professional warehousing of pharmaceuticals, including safe incineration, and will continue to provide any possible comments, as part of our ongoing contribution to this important pharmaceutical sector development process. As part of forming the NMSA, the MOHS is being supported by the Global Fund to establish a prefabricated warehouse measuring 6,000 square meters with its own high-volume incinerator to be located at Kerry Town at the outskirts of Freetown.

**Objective 3: Utilization of information for supply chain decisions is increased**

**Cascade Training on New Treatment Register and LMIS Paper-Based Tools**

During this quarter, SIAPS supported the printing of the new improved daily pharmacy/treatment and monthly summary report registers. A discussion was held with the DDMS and the Directorate of Policy, Planning, and Information (DDPI) to put the registers to use. SIAPS printed an adequate number of copies of the registers to last the country for a year. The DPPI has given the go-ahead to introduce the new registers and recall the old ones after trainings are conducted. In parallel with the hard copy/paper-based registers to be used by PHUs, eTR soft copy templates have been provided to the hospitals. The Excel-based eTR is designed to be used by hospitals as the hospitals use more medicines and diagnose more conditions compared to PHUs and conduct more analyses of indicators related to rational use including AMR.

During this quarter, SIAPS conducted TOT for DDMS and all district pharmacists and district information and M&E officers on the use of the registers and reporting so that they can conduct cascade training for PHU and hospital staff.
Cascade training on the treatment registers for seven districts will be completed by June 2017. After the cascade training, these registers will be distributed to every health facility, and the obsolete versions will be retrieved at the same time.

**Sierra Leone Pharmaceutical Dashboard Training**

As a follow-on to the Sierra Leone Pharmaceutical Dashboard, a web-based early warning system that provides visual data on real-time patient and product information, SIAPS supported further development of the Dashboard to extend beyond HIV/AIDS to include other health programs, such as malaria, TB/leprosy, and reproductive health products. The Dashboard data is also being expanded to include all CRMS-related data. Data will be entered at the facility level and will feed into a central data Dashboard.

During the quarter, a follow-up training was carried out on June 14-17 for reproductive health, malaria, and TB/leprosy program focal persons from all districts. The training and demonstration of the modules added to the Dashboard for health programs and CRMS was provided to district information officers, district pharmacists, and district M&E officers from all districts as well as maintenance and management training for DDMS IT staff and DPPI staff.

**Knowledge Management and Capacity-Building Resources**

The pharmaceutical, medical, and management reference books procured by the project that provide current information to health care providers, including physicians, pharmacists, medical and pharmacy training institutions, district and hospital drug management, regulatory agencies, etc., arrived in country and were swiftly cleared from port with the assistance of the US Embassy. The sorting and packing of the books according to a distribution list was completed. SIAPS is under discussion with USAID and the MOHS to agree on an appropriate time for handing over the donation by the US Embassy to the MOHS, likely by the end of July. In view of the unique nature and program value of this activity, the transfer will aim at the highest level of official participation and publicity.
Swaziland

Goal: The goal of the SIAPS Program in Swaziland is to ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes for HIV/TB care and treatment.

Overall Quarter Progress

SIAPS continues its commitment to improve medicines availability and provide quality pharmaceutical services for HIV/TB to achieve desired health outcomes. During this quarter, the project has worked closely with the MOH to ensure that, as the new financial year begins, adequate resources are provided to procure ARV and anti-TB medicines. The forecast results completed in this quarter were used to inform the government budgeting process. The total requirement for ARVs, including medicines for Kaposi’s sarcoma and opportunistic infections, was SZL 367 million (USD $26.5 million). The preliminary budget allocation has since been confirmed at SZL 274 million (USD $19.5 million), leaving a gap of approximately USD $7 million. A Global Fund HIV/TB grant and PEPFAR COP16 funding equivalent to USD $9 million have been promised to close this gap.

Availability of medicines and medical supplies has been under serious constraints in the past quarter. Suppliers withheld fulfilling government purchase orders due to non-payment of past invoices, some dating back to 2015. A total of SZL 260 million (USD $18.5 million) was owed by the government at the end of March 2017. This led to the establishment of a commission of enquiry to investigate the causes of medicine stock-out and supplier non-payment. This inter-ministerial commission appointed by the prime minister is expected to produce a final report with recommendations on July 18. The prime minister has requested that SIAPS provide technical assistance and advice to the inter-ministerial committee as it proceeds through its work.

SIAPS is supporting the national AIDS program in improving rational use and patient safety of HIV medicines. The adverse events monitoring system has been actively implemented at ART and TB treatment facilities. SIAPS continues to work with the national TB program in monitoring adverse events from patients on the Janssen/USAID-donated bedaquiline tablet.

No stock-out of any tracer items was reported this quarter. The facilities continue to maintain the recommended two-three months of stock of tracer medicines. The closure of the Central Medical Stores (CMS) for annual stock take affected certain facilities that did not obtain their orders before it closed. This meant that these facilities would have to have their orders expedited or stock would be moved between facilities. SIAPS has also worked with PSI and FHI360 to develop a condom procurement requirement for the general population and key populations. An order of 4 million scented condoms and 2 million lubricants for key populations in the HIV prevention program was placed with the USAID Global Health Supply Chain Program. The national condom stock-level is adequate for the estimated requirement. Consultations are ongoing to improve condom-logistics data flow from all distribution points to the central level. This is expected to improve the reliability of the quantification exercise, especially for scented condoms.
SIAPS is currently working with other local partners in the review of the HIV treatment and care guidelines. The MOH has assigned SIAPS the responsibility of updating the drug interactions and ADR section of the treatment guidelines. The team will also look at rationalizing and simplifying the treatment regimens to improve quantification of ARVs. The data from the current ADR system will be used to advocate for drugs to be added or removed from the treatment guidelines.

The SIAPS Program remains a reliable partner to the national AIDS and TB programs on pharmaceutical services and supply chain management.

**Objective 1: Strengthen Governance in the Pharmaceutical Sector**

In this quarter, SIAPS continued to support the Office of the Chief Pharmacist in the preliminary steps toward establishing the medicines regulatory authority (MRA), which will improve medicine availability, pharmaceutical service delivery, patient safety, and treatment adherence for patients on ARVs, anti-TB and antimalarial medicines, and reproductive health commodities. The support included:

- The designation of ports of entry for pharmaceuticals in collaboration with the Swaziland Revenue Authority, and the limiting of importers of pharmaceuticals to those who meet minimum requirements established by the MOH; this is expected to ensure that medicines marketed in Swaziland are compliant with acceptable international quality standards
- Supporting the pharmaceutical recruitment and training committee to:
  - Conduct an annual assessment of higher training institutions to ensure pharmacy training-quality standards under the direction of the Swaziland Higher Education Council
  - List retail pharmacies as part of implementing the Medicines and Related Substances Control Act of 2016 that establishes the MRA. This will assist the MOH in maintaining minimum quality standards for retail pharmacies, pharmacy personnel, and pharmacy training programs.

SIAPS facilitated the data collection as part of reviewing the pharmaceutical sector strategic plan 2012-2016 (SPSP) for the SPSP end-term evaluation, from various key respondents and health facilities.

Procurement technical assistance activities in the past three months have included working in conjunction with the MOH and the Swaziland Public Procurement Regulatory Agency (SPPRA) on editing and reviewing the draft MOH Public Procurement Manual (PPM) as well as the accompanying standard bidding documents (SBDs). The purpose of this exercise was to generate a set of documents that are robust and consistent with existing public procurement legislation in Swaziland (Public Procurement Act of 2011 and Public Procurement Regulations of 2016). The overall aim is for the PPM and SBDs to promote more standardized practices in procurement activities and serve as reference documents for MOH procurement stakeholders (whether they are MOH staff, bidders, or any other interested parties). The documents have been submitted to SPPRA for final review and approval for implementation.
Constraints to Progress

Conflicting CMS activities and delays in completing the stock-taking process led to delays in activities such as the National Quantification Committee meeting and SPSP review data collection and report-writing.

Objective 2: Increase capacity for pharmaceutical supply management and services

The CMS and Swaziland Health Laboratory Services (SHLS) are working toward an integration plan to better utilize the available infrastructure for storage and distribution of laboratory commodities. CMS is relocating to a new warehouse, and the SHLS has been allocated two-thirds of the current warehouse space for laboratory commodities. Reagents and consumables have been moved to the new warehouse, and a server has been configured and deployed at the site for electronic inventory management (RxSolution).

SIAPS engages temporary staff to assist with the annual stock take, relocation activities to the new refurbished warehouse, and order picking. This assistance was aimed at minimizing service delay to health facilities.

Additionally, a consultant was engaged to provide technical guidance on the optimal utilization of the new warehouse space for laboratory commodities. Guidance notes were developed and shared with SHLS management on product classification, warehouse layout/grouping, steps to be undertaken in moving from the old warehouse, packaging/labelling arrangements, steps at receipt in the new warehouse, inventory management processes, disposal, and reconciliations. In the next quarter, SIAPS shall continue to support the SHLS warehouse team to strengthen inventory management during the transition period.

SIAPS continues to provide support to health facilities to improve HIV/TB pharmaceutical services through supportive supervision on inventory management, good dispensing practices, counselling of patients on HIV/TB treatment, and monitoring ADRs. In the reporting period, 11 of the 16 priority HIV treatment sites were reached for supportive supervision. These facilities are Raleigh Fitkin Memorial Hospital, National TB Hospital, AIDS Healthcare Foundation–Lamvelase Clinic, Mankayane Government Hospital, Mbabane Government Hospital, Piggs Peak Government Hospital, Dvokolwako Health Centre, Mkhuzweni Health Centre, Hlathikhulu Government Hospital, Nhlangano Health Centre, and Baylor COE Paediatric Clinic.

During the routine supportive supervision, 12 pharmacy personnel (7 pharmacists and 5 pharmacy technicians) were mentored on good dispensing practices and inventory management.

There was a marked improvement in updating ARV/TB medicine stock cards (receipts and issues), monthly physical stock count, and monthly consumptions. Some health facilities are still challenged by proper labelling and recording of medication dispensed to patients. Mankayane Government Hospital is implementing a quality improvement project (QIP) to address labelling of pre-packs as this affects patient adherence to treatment. The results of this QIP are expected to be disseminated in the next quarter.
SIAPS is also supporting three health facilities in developing institutional SOPs for inventory management: Mankayane Government, National TB, and Raleigh Fitkin Memorial Hospitals.

SIAPS continues to collaborate with URC, AIDSfree, and ICAP in improving pharmaceutical services and inventory management at clinics.

**Constraints to Progress**

A shortage of personnel, especially at high-volume sites, continues to affect the delivery of pharmacy services for HIV and TB treatment. SIAPS continues to advocate through the Office of the Chief Pharmacist for the creation of posts for pharmacy assistants and pharmacy technicians at clinics and other large volume treatment facilities.

**Objective 3: Address Information Utilization for Pharmaceutical Management Decision Making**

In the quarter, SIAPS supported the data verification exercise commissioned by the logistics Data Management Unit (DMU). The main purpose of the data verification exercise is to improve data quality and ensure the authenticity of data received from health facilities. Additionally, facilities were mentored to address the gaps observed in the use and reporting of LMIS. The data review period was January to March 2017.

A purposive random sampling method was applied in the selection criteria of health facilities, and 50 facilities were reached by the assessment team. In the next quarter, SIAPS will support data analysis and writing the data verification assessment. The preliminary findings from the exercise include the:

- Inability of health facilities to maintain the recommended minimum stock level of two months and the maximum of three months
- Inconsistency in data sources that inform the monthly reports sent to CMS
- Inconsistent use of stock cards within health facilities

SIAPS continued to support facilities in implementing RxSolution for improved inventory management and ensure an uninterrupted supply of life-saving commodities. A total of 17 sites including warehouses, health centers, and clinics across all 4 regions were provided with onsite support during this quarter. On average, 80% of the visited facilities were found to be using RxSolution optimally for both stock management and dispensing to patients. Common challenges that were encountered by facilities included user workstations that failed to connect to the main server, inconsistent backup operations, and inadequate computer skills of RxSolution users. SIAPS has also responded to the frequent requests for validation and customization of system-generated reports. In the next quarter, SIAPS will set up an RxSolution dashboard to visualize strategic data that is available from the RxSolution database. This will showcase early warning indicators for potential stock-outs of products, short-dated expiries, and consumption and stock status reports.
RxSolution has been migrated from the SHLS warehouse in Mbabane to the Matsapha warehouse. The backups and data integrity have been ensured through this migration exercise. The CMS is planning to transition from RxSolution to the new Microsoft Navision software, an enterprise resource planning solution for warehouse management. SIAPS continues to provide input as needed in the implementation of Microsoft Navision.

In the quarter, SIAPS also supported the DMU in generating custom reports from the electronic Logistics Management Information System (eLMIS) to meet data requests from health programs and the Global Fund. Generated system reports included consumption rates, ART regimen distribution, monthly stock-outs of tracer commodities, and available months of stocks.

SIAPS also facilitated technical meetings with MOH (CMS and Health Management Information System units) to develop a detailed project plan outlining the key activities and timelines for proposed modifications of the eLMIS. Draft project plans were developed during the meetings and system technical system documents were shared with the team for review in readiness for changing the system modules.

**Constraints to Progress**

The implications for RxSolution of implementing the warehouse management system (Microsoft Navision) are still unclear. A request has been made to establish a task team, but it is awaiting approval by the management team at CMS.

**Objective 4: Improve Pharmaceutical Services to Achieve Desired Health Outcomes**

During the quarter, SIAPS supported the CMS in developing the Q1 FY 2017/18 (April–June) supply plan for ARVs, anti-TB medicines, sexual reproductive health commodities, and antimalarials. Additionally, support was provided to the CMS pharmacist to generate purchase requests with RxSolution. Because there are multiple funding streams for ARVs, SIAPS facilitated placing orders under GKOS funding and PEPFAR funding. PEPFAR continues to procure ARVs for pediatric HIV treatment. Buffer stock of a few first-, second-, and third-line adult ARVs were ordered under PEPFAR in this quarter.

SIAPS also supported CMS with advocacy efforts for additional ARV funding. The government-approved allocation for Q1 was SZL 44 million against an estimated requirement of SZL 85 million. This meant that the forecasting team should rationalize and adjust quantities to be within the available budget. Continued advocacy efforts will ensure that the Q2 and Q3 disbursements (of approximately SZL 127 million) are disbursed in Q2. This will definitely ensure uninterrupted product availability for the remainder of the fiscal year ending March 2018.

SIAPS supported the two-week, mid-term review of the ART, TB, PMTCT, and SRH programs led by the WHO Swaziland country office. The review included site visits to selected health facilities and in-person interviews. The results and recommendations from this review will be used in the preparation of the Global Fund HIV/TB grant.
The quantities of co-trimoxazole 960 mg tablets and isoniazid 300 mg tablets were low in most supported facilities because of non-payment of suppliers in the previous quarter. It has been reported that there are patients still on the stavudine 30 mg regimen, but it is now out of stock. Some patients have been switched to other regimens due to stock-out. SIAPS is working with the Swaziland National AIDS Program (SNAP) and facilities to work around the issue of providing stavudine to health facilities.

To improve patient-safety monitoring reporting rates by clinicians and facilitate more efficient decisions regarding patient safety, SIAPS engaged a data-capturer to assist in capturing ADR reports in health facilities. The ADR reports were analyzed and the results will form part of the national database of ADRs that will be used to update the national HIV treatment guidelines in the next quarter. DR-TB ADR findings were presented at the DR-TB experts meeting along with a set of supply chain indicators. The indicators aim to ensure DR-TB medicine security to ensure continuous patient treatment and minimize chances of further amplifying TB drug resistance.

In this quarter, SIAPS assisted four health facilities (Raleigh Fitkin Memorial Hospital, Dvokolwako Health Center, Mkhuzweni Health Center, Piggs Peak Government Hospital, and Baylor COE Clinic) in implementing QIPs to monitor rational use of different medicines in the health facilities. This activity will continue until July 2017, and a report will be produced and disseminated.

Support has been continuing in the development of a national action plan to address the development of AMR. The national committee leading the development of the action plan has met twice in this quarter to draft the document and gather input from stakeholders. The SIAPS technical advisor based in Arlington visited Swaziland April 18-21 to work with the committee in finalizing the draft. A stakeholder consultative meeting was held April 20, 2017. This was an opportunity for all to provide input on the draft. This activity is implemented jointly with the WHO Swaziland country office.

The draft is scheduled to be presented to the senior management team of MOH, the Ministry of Agriculture, and the Ministry of Natural Resources. Once approved by the senior manager, the document will be ready to print and disseminate to all.

*Constraints to Progress*

After concluding the warehouse relocation and annual stock take, CMS was working around the clock to fulfill the backlog of health-facility orders, which delayed the quarterly national medicines quantification committee meeting.
Ukraine

Goal: Ensure the availability of affordable quality pharmaceutical products and effective pharmaceutical services to achieve the desired outcomes for HIV and AIDS patients

Overall Quarter Progress

During the second quarter of PY6, SIAPS/Ukraine continued to finalize activities and prepare for the project closeout.

All activities under Objectives 1 and 2 have been completed and the deliverables have been finalized.

The complete set of modules of the national PV guidelines (Objective 3) was finalized after modules 7–16 were sent to the MOH for approval. The reimbursement program (Objective 5) has been successfully implemented, resulting in a significant increase of the uptake of medicines.

In addition, SIAPS/Ukraine continued to provide technical assistance to the Government of Ukraine on medicine procurement and health care financing reforms.

Objective 3: Improve pharmaceutical management and governance

EML

Amendments were made to regulations for the EML Expert Committee and on the selection of medicines for the EML, although terms had to be changed because the EML was approved three months later than scheduled. Two new documents were developed: regulations on the use of EML medicines and a methodology for quantifying medicines included in the EML. Draft documents were sent to the MOH for public discussion.

PV Guidelines

In April 2017, modules 7–16 of national PV guidelines were submitted to the MOH for approval. With this, all modules have been developed and submitted for approval, and the first four were approved in May 2015.

Partner Contributions

The Renaissance Foundation continues to support the work of the EML Expert Committee.

Constraints to Progress

The Renaissance Foundation did not promote the EML via PR campaign as was agreed, which could potentially diminish the perception of the EML as being developed transparently.
Objective 4: Support improvements in national supply chain management

A draft of the new legislation on framework contracting is at the final approval stage. The relevant changes to legislation and the corresponding framework contracting module for Prozorro will be finalized by the end of July 2017.

Partner Contributions

The Ministry of Economics is updating the legislation related to framework contracts and has started to develop a module for Prozorro, but the process has been very slow.

Constraints to Progress

Approval of the framework contracting legislation was delayed, which further delayed development of the contracting module in Prozorro and the training curriculum.

Objective 5: Improve pharmaceutical management and governance

Reimbursement

The reimbursement program called “Affordable Medicines” launched on April 1. The program covers 21 essential medicines for cardiovascular diseases, type 2 diabetes, and asthma. There are 157 pharmaceutical products available in the program, with 23 of them free for patients and the others dispensed with a small co-pay. According to the MOH, 4,715 pharmacies are currently participating in the program, and this number is growing as new contracts between pharmacies and regional budget holders are put in place. According to the Kyiv City Administration, during the first week of the program, approximately 11,000 packages of reimbursable medicines were dispensed to patients in Kyiv.

Health Technology Assessment

While the need to support the HTA continues, SIAPS/Ukraine has completed all activities within the scope of the current budget and work plan. However, HTA roadmap activities are part of NDP action plan, which is awaiting approval from the COM.