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*Building Local Capacity
(BLC)*



P.O. Box 90027, Klein Windhoek, Tel: 061- 228016

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Namibia Transitions to a Once-a-day Antiretroviral Pill

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UPCOMING ACTIVITIES (MARCH - APRIL 2015)

- Support for revision the CMS order requisition book
- TA for preparation of CMS tender and use of market intelligence to guide procurement
- Reviewing the status of the People-that Deliver-collaboration in Namibia
- Strengthening TCs to conduct medicines use evaluations for improving quality of ART services
- Pioneer pharmacy students to graduate from the University of Namibia
- Support review of NANASO's Human Resource policy
- Pilot of SMS reminder at two facilities in the Khomas Region
- TONATA grant training in Pretoria

People living with HIV in Namibia have something to smile about following the procurement and distribution of a once-a-day antiretroviral tablet to the whole country by the Central Medical Stores (CMS) of the Ministry of Health and Social Services (MoHSS).

The new medicine is a triple fixed-dose combination (FDC) tablet of tenofovir, emtricitabine and efavirenz. The FDC is currently the recommended the first-line antiretroviral treatment (ART), as per the national ART guidelines launched in 2014.

HIV positive pregnant women also stand to benefit from the convenient dosing schedule of this FDC, which will be offered to them as life-long treatment for their own health and to prevent transmission of HIV to their unborn children in what is commonly known as Option B plus. This new FDC will improve adherence to ART, which is critical in avoiding the development of HIV drug resistance.

The USAID-funded Supply Chain Management System (SCMS) project

provided technical assistance to Namibia's AIDS control programme in guiding health care workers on transitioning from single and dual-component tablets to the new FDC.

Since the new FDC replaces two other formulations that are already in circulation, the guidance explained the phased approach to be adopted to avoid potential wastage of the other medicines through expiry.

Since 2003, the government of Namibia has made great strides in providing ART to people living with HIV. At the end of December 2014, more than 130,000 patients (representing over 85% of those in need of treatment based on CD4 <350 cells/mm³ eligibility criteria), were receiving ART at public health facilities countrywide.

Most importantly, the Government of Namibia is now financing the procurement of more than 75% of the ARV medicine needs for these patients.

Contributed by Benjamin Ongeru
Senior Technical Manager (SCMS)

Pharmaceutical Human Resources Development for the Sustained Provision of Quality Antiretroviral Treatment at Health Facilities in Namibia

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS), funded by the USAID, supported the University of Namibia's School of Pharmacy (UNAM-SoP) to develop and launch a two-year part-time Pharmaceutical Technician course for Namibia.

The course bridges the gap between a Pharmacy Assistant (PA) and Pharmacist, providing a path for career progression pharmacy.

The first intake of 30 students were mostly PAs providing antiretroviral treatment services at public sector.



Students and guests at the launch of the Pharmaceutical Technician Course at the University of Namibia School of Pharmacy in February 2015. Photo by MSH staff.

Contributed by Greatjoy Mazibuko
Senior Technical Advisor (SIAPS)



The USAID-funded Building Local Capacity (BLC) project supports Church Alliance for Orphans (CAFO) in developing the skills of caregivers at Early Childhood Development (ECD) centers in measuring the upper arm circumference (MUAC) of children, psychosocial support (PSS) and critical care.

The caregivers learn how to measure the circumference of the left upper arm, at the mid-point between the tip of the shoulder and the tip of the elbow. In children, MUAC is useful for the assessment of nutritional status and identification of malnutrition. The advantage of the MUAC is that it requires little equipment and is easy to perform.

CAFO encourages the use of the MUAC at ECD centers as malnourished children and children at risk of malnutrition can easily be identified and referred to the appropriate services.

The PSS training is provided to ECD center staff to better equip them to take care of the needs of the children in their care. The training focuses on building relationships of respect and acceptance and strengthening the dignity of children. Topics such as bereavement and child protection are also addressed in this training.

Training for care givers and community volunteers in critical services is conducted to equip them with information on where to access the services and how to identify children who need the services.



PSS participants at the psychosocial support training held in February 2015 at Erongo Region. Photo by CAFO regional staff.

The care-givers are provided with skills on how to share information with the parents and guardians in case the need for the services arises. Such services include:

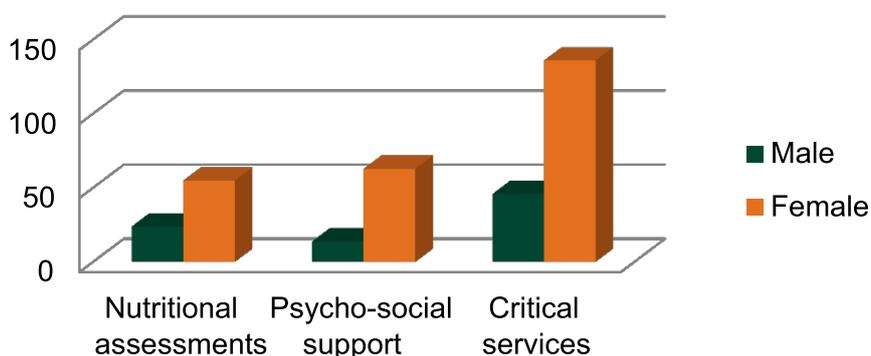
- Police
- Counselling
- Social welfare and support
- Legal support
- Nutrition
- Education
- Spiritual guidance

With the BLC support, CAFO has facilitated training for 254 female and 84 male caregivers between March and December 2014. This support further enabled CAFO to mobilize resources and work with the local communities to sustain the good practices at the centers.

The USAID-funded Building Local Capacity (BLC) project in partnership with the CAFO, has been implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Orphans and Vulnerable Children's (OVC) grant since March 2014.

CAFO is a faith-based organization founded in 2003 and it operates in 12 of the 14 Regions in Namibia where the organization supports HIV prevention services for youth from 1-9 through ECD services and 10 -14 years through the Social Behaviour Change Communication programme.

Caregivers' training in the various ECD services



“I learned that resilience is being able to bounce back, overcoming obstacles during hard times, challenges and problems”.

Anonymous Feedback after the training in Erongo Region

Contributed by: BLC Project Team

Monitoring Site-level Trends in HIV Drug Resistance Early Warning Indicators Among Children on Treatment

The USAID-funded SIAPS program has supported the Ministry of Health and Social Services (MoHSS) in Namibia to integrate the World Health Organization (WHO) recommended HIV-DR Early Warning Indicators (EWIs) into routine antiretroviral treatment (ART) programme reporting.

Using data from the SIAPS supported electronic dispensing tool (EDT), all Namibia's 50 ART sites are involved in quarterly and annual monitoring and review of HIV-DR EWIs. These site-level EWIs are monitored for both adults and children and include: on-time pill pick-up; ARV stock out rates, and ART patient retention in care.

HIV-DR EWI site-level monitoring has been implemented since 2010. It involves abstracting data from the national ART database on five EWIs namely - On time pill pick up, Retention in care, Pharmacy stock outs, Dispensing practices, and Viral load suppression. SIAPS is part of the technical working group that oversees the planning, data abstraction, analysis and writing of the HIV-DR EWI reports. This routine HIV drug resistance (HIV-DR) monitoring is critical for preserving the efficacy of antiretroviral (ARV) medicines and ensuring facilities step up efforts in retaining both adult and pediatric patients to care. Pediatric ART retention rates have improved from 85.3% in March 2012 to 97.3% in September 2014. ART programme managers have acted on the recommendations from the reports to enhance compliance to guidelines and minimize the risk of HIV-DR development.

The successful implementation of EWI monitoring in Namibia has largely attributed to the commitment of the Namibian Government and the technical support from USAID, the US Centers for Disease Control and Prevention (CDC) and WHO through Tufts University. This has enhanced the use of routine data for evidence-based decisions for improving ART services.

Contributed by: Greatjoy Mazibuko, Bayobuya Phulu, and Samson Mwinga (Senior Technical Advisors (SIAPS))

SIAPS and SCMS Participate in Joint Pharmaceutical Management Supportive Supervision Visits of ART Sites

The Systems for Improved Access to Pharmaceutical and Services (SIAPS) and Supply Chain Management System (SCMS) projects joined the Division of Pharmaceutical Services at the Namibian Ministry of Health and Social Services (MoHSS) to conduct the 2015 edition of the annual pharmaceutical management supportive supervision visits (SSVs).

These visits are aimed at improving the delivery of pharmaceutical services at all health facilities in the Namibian public sector. The 2015 SSVs mainly focussed on reviewing the progress made by sites in implementing service improvement actions plans of 2014. SIAPS and SCMS technical advisors joined their MoHSS counterparts to assist with conducting the visits to 62 facilities including 39 of 45 main ART sites countrywide.

The 62 facilities visited comprised the two regional medical depots, all 35 district hospitals in Namibia and 25

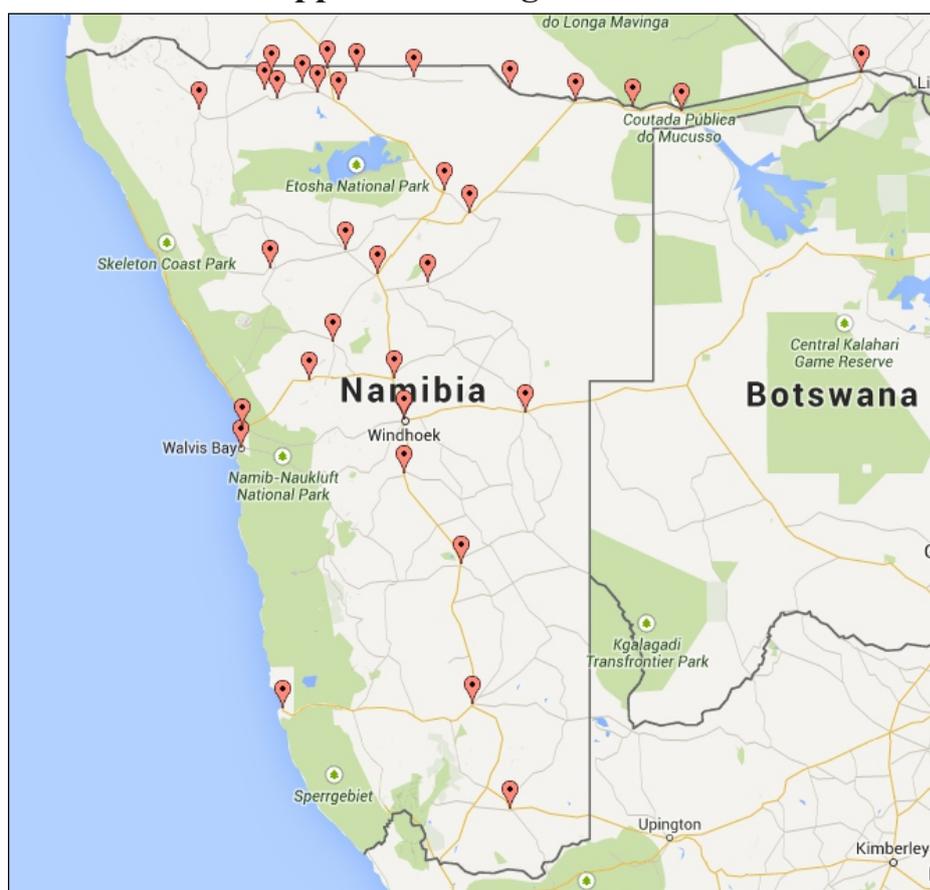


Mr. Wioletaw Zeleke, ART Logistics Pharmacist: Pharmaceutical Services providing on site training on inventory management at the Opuwo District Hospital in Kunene region. Photo by MSH staff.

primary health care (PHC) facilities. Each site was assessed using a scored checklist on various aspects of pharmaceutical management ranging from storage infrastructure to quality assurance in dispensing of antiretroviral medicines and other essential pharmaceuticals.

Continued on page 4 →

Map of Namibia showing the main ART sites supported during the SSVs



Site Improvement through Monitoring System Assessment in the Kavango and Zambezi Regions

The U.S. Agency for International Development (USAID) conducted a site improvement through monitoring system (SIMS) assessment of SIAPS and SCMS work in the Zambezi and Kavango regions, respectively.

The visits appraised the level of support provided by SIAPS to the Zambezi region and by and SCMS to the Rundu regional medical store (RMS). They involved meetings with the Regional Management Teams, discussions with key informants, review of documents and observations at selected ART sites and the RMS.

The assessment was conducted based on the Core Essential Elements (CEEs) of the SIMS tool, which helped to identify opportunities where SIAPS and SCMS could prioritize their support to sites in these regions.

SIAPS and SCMS in Namibia were commended for providing site level management support in the two regions through in-service training, mentoring and technical advice to health care workers, supporting the collection, review and analysis of ART data, as well as strengthening the monitoring of adverse effects of antiretroviral medicines through pharmacovigilance

More emphasis was placed on the need for stronger site level presence for on-the-job training and mentoring.

Participation in the SIMS visits aided the two the projects to concentrate on targeted technical assistance for improved inventory management, rational medicine use, monitoring and improving site-level quality of ART services.

Contributed by Greatjoy Mazibuko, Senior Technical Advisor (SIAPS) and Alemayehu Wolde, Senior Technical Advisor (SCMS)

ABOUT THE NEWSLETTER

The SIAPS/SCMS/BLC Namibia e-Newsletter is a bi-monthly newsletter that keeps you abreast of activities funded by the United States Agency for International Development (USAID) and implemented by MSH Namibia.

Key focus areas are HIV /AIDS Management:

- Strengthening Health Systems
- Capacity Building
- Human Resource Development

Editorial Team:

- Mr. Lazarus Indongo (MoHSS)
- Mr. Evans Sagwa (MSH)
- Mr. Benjamin Onger (MSH)
- Ms. Harriet Rachel Kagoya (MSH)
- Mr. Greatjoy Mazibuko (MSH)

Your contribution to this valuable communication medium would be highly appreciated and can be e-mailed to esagwa@msh.org

Supportive Supervision Visits of ART Sites

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On-site training and guidance was provided in determination of inventory control parameters used on stock cards, the appropriate use of the order requisition book and optimal use of the available storage space.

The supervisory teams also took the opportunity to disseminate the contents of a recent guidance document issued by the HIV/AIDS programme on the gradual transition of ART patients to a once daily fixed-dose combination of TDF/FTC/EFV.

Formal feedback on the visit findings and recommendations were shared with the regional management teams with particular emphasis areas that required budgetary allocation and management support for implementation.

The team also took this opportunity to follow up on the implementation of EDT Mobile in Namibia's Kavango Region. This was part of support to MoHSS in

decentralizing ART services to PHC facilities through use of mobile technology for data capture. To enable non-pharmaceutical staff to record patient data off-site, the Electronic Dispensing Tool (EDT) was adapted for use as a portable, hand-held scanner.

The EDT mobile prompts users to enter 'real time' patient data in a clear and concise format, minimizing errors and data gaps. During the visits, it was observed that the number of Lost to Follow Up (LTFU) patients as reported by the EDT reduced as reporting on patient data from PHC sites has improved through the implementation of the EDT Mobile device.

This has contributed to increased access to ART by hard-to-reach populations while preserving the accuracy and completeness of ART data in Namibia.

Contributed by Alemayehu Wolde, Senior Technical Advisor (SCMS) and Bayobuya Phulu, Senior Technical Advisor (SIAPS)



Ms. Rauna Sbitaleni, Regional Pharmacist for Osbikoto Region, providing on-the-job training on the use of stock cards for inventory management to Ms. Uerijjina Kandovazu, an enrolled nurse at Otjinene Clinic. Photo by MSH staff.

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