

## Containing antimicrobial resistance in Namibia by improving the rational use of medicines



From fourth person on the left and moving right is Dr. Norbert Forster, Deputy Permanent Secretary MoHSS; Prof. Peter Nyarang'o Founding Dean, UNAM School of Medicine; and Dr. David Mabilirizi, Principal HIV/AIDS Advisor-SIAPS, join participants in making a call-to-action towards containing antimicrobial resistance in Namibia. Photo by MSH/SLAPS staff. July 2013.

The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, implemented by Management Sciences for Health, in collaboration with the University of Namibia (UNAM) School of Pharmacy (SoP) and the Ministry of Health and Social Services (MoHSS), conducted a two-day workshop and a one-day stakeholders' forum on antimicrobial resistance (AMR) and promoting rational use of ARVs, anti-TB and other medicines in Namibia.

SIAPS headquarters and in country staff supported the development of materials and facilitation of the workshop. In total, sixty six (66) participants attended the workshop and the stakeholders' forum. They included academics and students from UNAM and a wide spectrum of health care professionals from public and private hospitals in Windhoek, and some of the regions; the Pharmaceutical Society; and the Health Professions Council of Namibia. The workshop, which took place at UNAM-SoP in Windhoek from the 22<sup>nd</sup> to the 24<sup>th</sup> of July 2013 aimed at raising awareness on the problem of AMR and engaging stakeholders in promoting the rational use of antimicrobial medicines as a strategy for containing the emergence of AMR. During the workshop, participants developed

action plans to combat the emergence of AMR, which informed the formulation of a consensus "call-to-action" statement for mobilizing stakeholders around the AMR challenge. In his opening remarks, Professor Peter Nyarang'o, Dean of the Faculty of Health Sciences and the Founding Dean School of Medicine, explained that some of the reasons for AMR are associated with the practice of

professionals, poverty, and unfettered access of medicines where medicines regulation is poorly implemented or is absent. Dr. Norbert Forster, Deputy Permanent Secretary, MoHSS, decried the devastation caused by the lack of effective interventions to detect and prevent irrational use of medicines and antimicrobial resistance. Both dignitaries reminded the audience on the need for employing multiple approaches - technical, professional behavior modification and political action and in joining hands to tackle the AMR problem.

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### UPCOMING EVENTS (SEPT- OCT 2013)

- STG post implementation assessment data collection.
- Training for Regional Pharmacists on the EDT and EDT Mobile.
- Leadership and Management Training for service element leads for Katutura and Windhoek Central Hospital.
- NANASO Board meeting (with BLC support)
- Leadership, Management and Governance. training for senior and middle managers for Regional Councils.
- Conduct a national level supply chain assessment.
- Review the CMS tender documents.
- Review the Namibia ART treatment guidelines



## Developing Quality Improvement Leaders at Windhoek Central and Katutura Hospitals through Coaching and Mentoring

The USAID-funded Building Local Capacity (BLC) Project collaborated with the Quality Assurance (QA) Unit of the Ministry of Health and Social Services (MoHSS) to conduct a three-day training on Coaching and Mentoring of healthcare workers.

The training, which benefitted 16 volunteer coaches from both health facilities, took place at the Roof of Africa hotel in Windhoek, Namibia from the 29<sup>th</sup> to the 31<sup>st</sup> of July 2013. The participants were selected from clinical areas, clinical support services, management, allied services and technology. The training enabled the participants to get understanding of the coaching and mentoring principles, and how to apply these to support the department leads in implementing strategies for quality improvement. This is one of the interventions supporting the 2 hospitals to improve quality of services delivered and also receive international accreditation.

Participants summarised the training as “I can finally say that I am a coach, and understand the link between COHSASA (Council for Health Services Accreditation for Southern Africa), MSH (Management Sciences for



Mr. Abner Shopati, the quality improvement coordinator Windhoek Central Hospital providing feedback to his colleagues during a group work assignment. Photo by MSH/BLC Namibia staff. July 2013.

Health) and BLC. This training has really cultivated and equipped us to be effective coaches. We now know how to apply all these skills, and how to deal with challenges within our work environment. It was also good being challenged by the facilitators, because it helped us deal with them more effectively”. St. Manga Libita, the Customer Care Manager at Katutura Intermediate Hospital said: “With change, resistance usually comes, but the question is how do we break that wall of resistance?

Here at the training we were taught how resistance can be overcome, and how to identify that you as an individual has changed, through information sharing. We were also taught that we should never give up, and I can honestly say that all our expectations have been met by the MSH/BLC Team”.

Contributed by Rachel Basirika (Technical Capacity Building Advisor) and Cherizaan Willemsse (Project Associate) - BLC

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Some of the participants were quoted as saying:

“It is very informative. It has made me reflect on my prescribing habits and patterns and I have realized that some practices have to change”, said a Medical Practitioner at Katutura Intermediate Hospital.

“It is educative, an eye opening workshop, which assists health workers to reduce the impact of drug resistance to the patient, themselves, families and community at large. It will also strengthen the roles of the health workers to monitor and evaluate the rational use of medicine. This kind of workshop needs to be done to most health care workers as they are the focal people in reducing the irrational use of medicine”, a Nurse at Windhoek Central Hospital stressed.

“Informative and thought provoking; it is good for students, especially to be exposed to RUM/AMR in practice context, instead of theoretically only”, a 3<sup>rd</sup> year Pharmacy Student at UNAM said.

Harriet Rachel Kagoya (Senior Monitoring and Evaluation Advisor/SIAPS)

### SCMS contributes to preparations for scaling up of voluntary medical male circumcision in northern Namibia

The USAID-funded Supply Chain Management System (SCMS) participated in a voluntary medical male circumcision (VMMC) operational planning meeting held from the 1<sup>st</sup> to the 5<sup>th</sup> of July 2013 in Otjiwarongo. The meeting was organised by the Directorate of Special Programs in the Ministry of Health and Social Services (MoHSS) to develop a detailed implementation plans for scaling-up of VMMC in Oshana and Zambezi (previously called Caprivi) Regions.

These two regions have been selected as priority regions to be funded by PEPFAR with the aim of increasing the male circumcision coverage rate from 21% to 80% among adolescent and adult males aged 15 to 49 years by 2016. During the meeting, SCMS provided technical input on the current status of the supply chain in the two regions and future plans for management of medical supplies and consumables to ensure smooth implementation of the scale-up plans. SCMS also provided follow up market intelligence on key VMMC commodities to assist in developing realistic cost estimates and procurement strategy for the operational plans. Male circumcision is now recommended by the World Health Organization (WHO) and the Joint United Nations Programme on AIDS (UNAIDS) as an addition to the existing comprehensive HIV prevention programs in countries with high HIV prevalence and low MC rates given the strong scientific evidence that it reduces the risk of HIV acquisition by up to 60% among men during heterosexual sex.

Benjamin Onger (Senior Technical Advisor, SCMS) and Harriet Rachel Kagoya (Senior Monitoring and Evaluation Advisor, SIAPS).

## Strengthening ART Patient and Medicines Management at the Grootfontein Military Hospital

The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Project supported MoHSS and International Training and Education Centre for Health (I-TECH) to conduct a two-and-a-half-day training on Anti-Retroviral Therapy Electronic Dispensing Tool (ART-EDT) for Ministry of Defence/ National Defence Force (MoD/NDF) health care workers.

The training which was conducted from the 15<sup>th</sup> to 17<sup>th</sup> of July 2013 at the Rock Lodge in Okahandja district, Namibia, was organised by I-TECH. It benefited nine health care workers (five registered nurses, one enrolled nurse and three pharmacist assistants) from Grootfontein Military Hospital. The Electronic dispensing tool (EDT) is used for managing patient and ARV stock data in pharmacies of public health facilities with the ART programme.

In addition to being used at pharmacies in all public hospitals offering ART services, the EDT has also been adopted by MoD and the Ministry of Safety and Security. The training was used to orientate MoD health care workers on the revised EDT. This was the second training conducted among MoD health care workers. The initial training was conducted in 2009 to MoD Pharmacy Assistants.



A snapshot of an EDT facility report page from the EDT system

Participants had hands on practice on entering ART patients' data into the EDT system including data on dispensing, monitoring adherence and changing patient statuses in the system and compiling accurate summary ART monthly reports.

The training equipped the participants with the necessary skills to utilise the EDT for appropriate ART patient and stock management. This will lead to improved quantification and ordering of ARV medicines from the medical stores as well as better monitoring of client adherence during ARV medicine refills.

Contributed by Victor Sumbi (Senior Technical Advisor/SIAPS)

## Assessing Compliance with the Namibian Comprehensive Treatment Guidelines at Health Facilities

The Ministry of Health and Social Services (MoHSS) - Division of Pharmaceutical Services, with support from USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, completed preparations for an assessment of compliance to the Namibia Standard Treatment Guidelines (STGs) in six regions in Namibia.

As part of these arrangements, SIAPS supported MoHSS to conduct a one-day meeting for regional pharmacists and facility level staff from the six regions on the 20<sup>th</sup> of August 2013.



Dr. Ebong Akpabio, independent consultant, takes participants through the STG Assessment Protocol at Safari Court Conference Centre during the STG post-assessment planning meeting. Photo by MSH/SIAPS Namibia staff. August 2013.

The meeting, which took place at Safari Court Conference Centre in Windhoek, was attended by six regional pharmacists, three pharmacists and two pharmacy assistants from health facilities in the six regions.

The meeting was used to orient participants on the assessment protocol and data collection tools, and to update the tools based on the discussions that ensued. Data collection in the six regions is scheduled for September 2013.

Prior to the launch of the Namibia STGs in 2011, SIAPS project with funding from USAID conducted an STG pre-implementation assessment, a report of which provided the baseline status and recommendations for STG post launch interventions.

The Namibia STGs were developed with USAID funding and launched in June 2011 as one of the strategies for promoting rational use of medicines (RUM). Coming two years after the launch and dissemination of the Namibia STGs, this post-assessment will provide information on the availability and use of the STGs in the six regions, as well as extent to which clinical practice adheres to the STGs' recommendations.

Appropriate interventions will be formulated to address any gaps identified in the assessment. Appropriate use of STGs will contribute to RUM and eventually contribute to improved health outcomes among patients in Namibia.

Contributed by Victor Sumbi (Senior Technical Advisor/SIAPS)

# Recommitting Medical Doctors and Dentists in Ensuring Patient Safety through Improved Pharmacovigilance

The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) supported the technical advisor from the Therapeutics Information and Pharmacovigilance Center (TIPC)/ Ministry of Health and Social Services (MoHSS) to participate in the third annual Medical Doctors and Dentists forum.

The forum was initiated three years ago by the MoHSS as an effort to provide quality health care services to the Namibian population. It is used to discuss delivery of quality health care services among other issues. It also provided an opportunity to create awareness on pharmacovigilance activities and promote the detection and reporting of adverse medicine reactions in Namibia.

The seventy-five (75) doctors and dentists attending their third annual conference on the theme 'Ensuring Patient Safety and Quality Improvement' from the 13<sup>th</sup> to the 15<sup>th</sup> August 2013 at Sea Side Hotel and Spa in Swakopmund, were the target of the awareness creation. The presentation by TIPC staff, Dr Assegid Mengistu, covered



Participants of the third annual Doctors and Dentists Forum dressed with TIPC lab coats. Photo by Dr Assegid Mengistu (MoHSS/ TIPC). August 2013.

safety, procedures, how TIPC will monitor safety of medicines and the roles of health care professionals in this regard. By the end of the presentation and discussion, adverse medicine reaction reporting forms and the MEDICINE WATCH - a SIAPS supported TIPC publication - were distributed. The participants appreciated the steps in the detection, assessment, understanding and prevention of adverse medicine reactions. They made resolutions to report on adverse medicines reactions on HIV and TB

existing TIPC services. Improvements in adverse medicine effect reporting are expected to improve patients' safety. TIPC was established in 2008 by SIAPS' predecessor project [Strengthening Pharmaceutical Systems (SPS)] project as one of the strategies to promote pharmacovigilance and contribute to rational and safer use of medicine in Namibia.

Contributed by Harriet Rachel Kagoya (Senior Monitoring and Evaluation Advisor/SIAPS, Evans Sagwa (Acting Country Project Director: SIAPS/SCMS Namibia) and Dr Assegid Mengistu (MoHSS/ TIPC)

## Supporting the Utilisation of Data in Improving the Availability and Rational Use of Pharmaceuticals at Primary Health Care Facilities in Namibia

The MoHSS Division of Pharmaceutical Services, with technical and financial support from the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project, conducted two three-day workshops on the MoHSS' indicator based Pharmacy Information Management System (PMIS) for a total of 66 MoHSS staff: 14 pharmacists (Regional Pharmacists and Hospital Pharmacists), four Chief- and Senior Health Program Administrators, 17 Primary Health Care (PHC) Supervisors and 14 pharmacy assistants.

The workshop also served as a Training of Trainers to prepare the regional teams to roll out PMIS, hitherto implemented at hospitals, to the PHC level. The first workshop took place on the 2<sup>nd</sup> to the 4<sup>th</sup> of July 2013 at the Kupfer Quelle hotel in Tsumeb, while the second one was held at Heja Lodge in Windhoek from the 9<sup>th</sup> to the 11<sup>th</sup> of July 2013. Participants were drawn from twelve of the 13 regions in Namibia.

The PMIS, which has been implemented in all hospitals in Namibia since 2008, has served as a powerful tool for generating routine data for planning and decision-making in the health system at hospital, regional and national level.

Hospital PMIS collects data on indicators of four areas of pharmaceutical service delivery:

- 1 Medicine availability and stock management
- 2 Rational use of medicines and quality of care
- 3 Human resource development and workload
- 4 Medicine financing

The MoHSS' PMIS task force revised the hospital PMIS indicators in 2012 and also agreed on additional indicators to monitor supply chain-related indicators at the central and regional medical stores as well as pharmaceutical regulation-related indicators at the Pharmaceutical Control and Inspection sub division. The task force also proposed roll out of some of the health facility indicators to PHC level to facilitate monitoring of pharmaceutical services at PHC level.

The training conducted in 2013 will facilitate roll out of PMIS to PHC level once the post-training implementation plans are executed by the trainees. This will lead to enhanced availability of routine data to guide decision-making towards improving availability and management of pharmaceuticals as well as rational use of medicines by nurses and other health workers at PHC level.

Contributed by Victor Sumbi (Senior Technical Advisor/SIAPS)

## ABOUT THE NEWSLETTER

The SIAPS/SCMS/BLC Namibia e-Newsletter is a bi-monthly newsletter that keeps you abreast of activities funded by the USAID and implemented by MSH Namibia.

Key focus areas are:

- Strengthening Health Systems
- Capacity Building
- Human Resource Development

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Your contribution to this valuable communication medium would be highly appreciated and can be e-mailed to [esagwa@msb.org](mailto:esagwa@msb.org)

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