

SIAPS BANGLADESH

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PLMC AND SIAPS COORDINATE PROCUREMENT AND SUPPLY CHAIN FUNCTIONS

In January 2014, Systems for Improved Access to Pharmaceuticals and Services (SIAPS) facilitated the bi-monthly coordination meeting of the Procurement and Logistics Management Cell (PLMC) of the Ministry of Health and Family Welfare (MOHFW). Chaired by the Additional Secretary (Development and Medical Education), Mr. Md. Ayubur Rahman Khan, all line directors (LDs) of the PLMC's individual operational plans attended.

Progress in the implementation of priority activities was reviewed, including the status of procurement packages and tracking of procurement using the Supply Chain Management Portal (SCMP); waste disposal at hospitals and health centers; and medical equipment repair and installation at the National Electro-Medical and Engineering Workshop and Training Center (NEMEW&TC). Major highlights of the meeting were:

- The Central Medical Store Depot (CMSD) of the Directorate General of Health Services (DGHS) finalized 52 consolidated packages.
- More staff is needed at the NEMEW&TC to provide services throughout Bangladesh. MOHFW acknowledged this need.
- The CMSD director committed to updating the SCMP by inputting data for all procurement packages.
- MOHFW will soon arrange a condemnation workshop for divisional cities. Condemnation has already started in field-level stores. Condemnation issues for medical and non-medical items were discussed. Progress made by the Directorate General of Family Planning (DGFP) has been significant.

Hospital Services Management finalized its operational plan, which was subsequently approved by MOHFW.



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GROUND-BREAKING EFFICIENCY MEASURES FOR HOSPITAL EQUIPMENT



Experts provide feedback in the workshop to finalize the TOE.

MOHFW requested that SIAPS develop a table of equipment (TOE) for health facilities at all levels so that investment in medical equipment with standardized technical specifications could be coordinated. The expected result is greater efficiency in managing investments in hospitals. Historically, electro-medical equipment and instruments were procured for primary, secondary, tertiary, and specialized hospitals without proper forecasting or the use of consistent requirements. To use scarce resources more effectively, equipment should be procured based on accurate requirements, standard specifications, and standard facility arrangements. These kinds of equipment are crucial for supporting hospital units, such as orthopedics, gynecology, surgery, and obstetrics. In addition, the roles of each level of hospital and health facility should be delineated.

SIAPS facilitated a workshop in February 2014 to finalize a TOE for 50- and 250-bed hospitals. Experts updated the TOE of primary and secondary health facilities to institutionalize important new efficiency measures. The TOEs for 10 Maternal and Child Welfare Centers (MCWCs), 50-bed hospitals, and 250-bed hospitals were submitted to MOHFW for review.

SIAPS facilitated a second workshop in March to review maintenance management with concerned authorities, including the NEMEW&TC and the CMSD of the DGHS. The TOE is expected to be launched based on these workshops and subsequent analysis following receipt of final MOHFW approval.

DEVELOPMENT OF PRICING AND SPECIFICATIONS FOR MEDICAL EQUIPMENT

The third DGHS Supply Chain Coordination Forum (SCCF) in early March brought together all LDs from the DGHS and several development partners, including the US Agency for International Development (USAID), the Department for International Development, World Bank (WB), Japan International Cooperation Agency, and United Nations Children’s Fund (UNICEF). With SIAPS technical support, 60 participants reviewed options for strengthening the use of pricing and specifications for more efficient investments in medical equipment. SIAPS will develop a pricing guide based on market research and analysis, linking pricing with specifications.

In a follow up to this meeting, SIAPS facilitated a workshop in March to develop the standard template for specifications for medical equipment and to review specifications for core equipment developed by the CMSD specifications committee.

Continuous progress, as demonstrated by increased quality and efficiency of CMSD procurement, can be seen

SIAPS FORECASTS NEEDS FOR LIFE-SAVING MNCH COMMODITIES

SIAPS conducted a forecasting exercise for the 13 life-saving commodities for maternal, neonatal, and child health (MNCH) recommended by the United Nations (UN) to guide national policymakers and stakeholders. The program worked closely with the DGHS and other partners, such as the Saving Newborn Lives Project, MaMoni, Mayer Hashi, and the Integrated Management of Childhood Illness Program of the DGHS, to develop the forecasts.

As a result of this activity, MOHFW now has a long-term (five-year) forecast to support current and future procurement plans, thereby ensuring a more consistent supply of life-saving medicines. The forecast is expected to be used during the supply planning exercise next fiscal year. In addition, this resource will serve as a guidance document for the DGFP Forecasting Working Group and the SCCF of the DGHS to update annually.

in improvements in the quality of bidding documents and a drastic reduction in the number of WB observations questioning the bidding documents.

ASSESSMENT SHEDS LIGHT ON HOW LOCAL PROCUREMENT AFFECTS ACCESS TO MATERNAL HEALTH MEDICINES

Increasing access to and use of essential commodities for maternal health has recently gained attention through international initiatives, such as the UN Commission on Life-Saving Commodities for Women and Children. This initiative highlights both supply- and demand-side challenges as the main barriers to access and use of these commodities. To address the challenges, SIAPS developed an approach to gauge the unmet need for maternal health commodities at the sub-national level and to examine the role that local procurement practices play, specifically focusing on oxytocin, misoprostol, and magnesium sulfate.

SIAPS managed a stakeholder's workshop on March 4, 2014, to present the results of the sub-national procurement assessment and to identify actions and priority areas to address key challenges in procurement of maternal health medicines. A total of 40 participants, representing the DGHS, DGFP, MOHFW, civil surgeon offices, MCWCs, international agencies, USAID, and other implementing partners, participated in the workshop. The event was officially opened by Mr. Md. Ayubur Rahman Khan, Additional Secretary (Development and Medical Education) of MOHFW. He highlighted key achievements made with the help of SIAPS in supply chain management.

Mr. Khan acknowledged that forecasting medicine needs and distribution requirements were challenges and he looked forward to identifying areas in which the Government of Bangladesh (GOB) and SIAPS could collaborate to improve practices. Miranda Beckman, Health Officer, USAID Office of Population, Health, Nutrition, and Education, reported that USAID highly values SIAPS' work in establishing protocols and standard operating procedures (SOPs) for procurement, developing the Supply Chain Information Portal (SCIP), and collaborating closely with the GOB. The background, methodology, and results of the sub-national procurement assessment were presented by SIAPS technical staff Sheena Patel, Melissa Thumm, and Beth Yeager.



Brainstorming session to identify actions and priority areas to address key challenges of local level procurement of life-saving commodities in the stakeholders workshop

Overall, the assessment found that the source of medicine—whether from the central level or local procurement—does not appear to have an effect on the availability at the district level. Essential maternal health medicines are not consistently available at district-level service delivery points (or the storage facilities that supply them) within DGFP facilities (where all maternal health medicines are locally procured) and within DGHS facilities, where the majority (89%) of maternal health medicines are acquired through central-level distribution.

There were several main conclusions of the assessment. There are no guidelines/SOPs specifically for local procurement to encourage standardization and current training programs do not specifically address local procurement of medicines, including quantification. Forecasting calculations and assumptions are not evidence-based nor do current information systems capture sufficient or reliable data for accurate forecasting. Procurement prices of maternal health medicines are below the international median supplier price, however, in some cases, above the procurement price paid by CMSD, with DGFP facilities paying higher prices at the district level due to procuring smaller quantities of medicines. Communication and coordination between the central and district levels are inadequate and are having a negative impact on procurement and supply planning.

IMPROVED LOGISTICS MANAGEMENT THROUGH STAFF TRAINING

To build capacity of the DGFP and the National Tuberculosis Program (NTP), SIAPS conducted a five-day training of trainers (TOT) in early February at Proshikha HRDC, Manikgonj, to develop a pool of master trainers in logistics management. A total of 22 participants attended the course and developed an action plan for rolling out training on logistics management at the regional level. Five regional training teams were formed, consisting of a minimum of two staff from the DGFP and one from the SIAPS technical team.

To strengthen local ownership and to build local capacity, during this quarter, the regional training teams conducted 35 rounds of logistics management training, out of a potential total of 40 rounds. Two key logistics personnel from each upazila (sub-district) participated in the training. Subsequently, 428 sub-district-level trainings were completed out of a potential 488 trainings, with a total of 835 participants. Each sub-district developed a post-training action plan (a list of priority tasks) to be completed in the two to six months following the training.

Anticipated results of the training to improve logistics management include:

- Organizing the family planning (FP) store according to a layout plan and following storage guidelines
- Regular disposal of unserviceable and obsolete items
- Re-introducing the use of bin cards
- Regular stock counting and cross-checking recorded balances
- Enhanced frequency of monitoring and supervision of logistics activities
- Regularly scheduling the review of logistics reports and providing feedback

SIAPS also developed a pool of master trainers from the GOB, a trainers’ instruction manual, and training curricula for future use by MOHFW for logistics management training. Anticipated follow-up tasks include: post-training visits conducted jointly with the DGFP; issuance of a notice to all deputy directors of FP to review the status of

WORLD TB DAY ACTIVITIES

As a member of the organizing committee, on March 24, SIAPS Bangladesh participated on a panel at a press conference for World Tuberculosis Day (WTD), arranged by the NTP and BRAC and attended by correspondents from all major newspapers and TV channels. Led by Dr. Ashaque Husain, Director, Mycobacterial Disease Control, and the Line Director (LD), TB/Leprosy, panelists discussed the current TB situation in the country and the successful activities undertaken to achieve the Millennium Development Goals by 2015. SIAPS presented partner activities and Bangladesh’s TB Program and responded to journalists’ questions. On that day, the NTP also organized a rally at Bangladesh’s National Museum in Dhaka, in collaboration with TB partners. Representatives of MOHFW, NTP, the World Health Organization (WHO), TB partners, and stakeholders participated with their colorful banners and wearing WTD t-shirts. This year’s slogan “REACH THE 3 MILLION. FIND. TREAT. CURE TB” was printed on

banners, caps, brochures, and flyers that were distributed to the public.



SIAPS participation in the World TB Day rally

the action plans; and implementation of a third-party survey to track results of the action plans.

2ND CONFERENCE OF THE UNION SOUTH-EAST ASIA REGION

SIAPS facilitated a demonstration of the e-TB Manager and QuanTB tools at the 2nd Conference of the Union South-East Asia Region, held March 9–12, 2014, in Dhaka. The conference theme was “TB in 2050: Challenge to Humanity.” Participants included the NTP, the South East Asia Region of The International Union against Tuberculosis and Lung Disease, and the National Anti-TB Association of Bangladesh.

The e-TB Manager and QuanTB orientation and demonstration covered:

- Explanation of the components of the e-TB Manager tool and demonstration of its use for case management, drug management, data processing, and surveillance
- Using case data for program management, including the monitoring and reporting features

NEW EQUIPMENT TRACKING SYSTEM DEVELOPED TO MANAGE MEDICAL EQUIPMENT

In response to a request from the Health Minister, Prof. Md. Ruhul Haque, SIAPS recently enhanced the MOHFW’s SCMP with the addition of new module, Equipment Tracking System, to help the Ministry track high-value medical equipment. The SIAPS team made a brief presentation to high-level MOHFW officials and demonstrated the new module in March. The team also received input on the module during the TOE workshop described above.

The Logistics Management Information System (LMIS) module of the SCIP was also recently enhanced. It is now able to generate the monthly DGFP logistics report using DGFP/LMIS data. This has reduced the time required for report preparation to less than five minutes compared to two months under the previous system, thus improving the timeliness of dissemination of the report to stakeholders.

- An overview of quantification principles and methods
- Orientation to the QuanTB tool and its features and functions
- Analyzing and understanding the different stages or policy scenarios of quantification for TB and multi-drug-resistant TB drugs.

CAPACITY BUILDING FOR UPAZILA OFFICIALS ON SDP LOGISTICS REPORTING

SIAPS facilitated a one-day orientation session on the updated Upazila Inventory Management System (UIMS), version 2.5, and the newly developed service delivery point (SDP) dashboard module. The goal of the orientation program was to strengthen the capacity of the upazila FP officer and existing UIMS users to use data generated by the tools to make more informed decisions. Representatives of the DGFP, MOHFW, USAID, and Save the Children attended the program.

Activities to introduce the SDP dashboard module included:

- How to track stock status at the SDP level (by individual field staff)
- Exploration of the root cause and patterns of stock-outs at the field level
- How to improve routine data quality elements, such as timeliness, completeness, and accuracy
- Tracking of nongovernmental organizations’ registration profiles, door-to-door/one-stop services, and eligibility of services and identifying the status of vacant units
- Definition of the actual stock-out rates of SDPs
- How to ensure regular supply and avoid stock-outs by using the online tool

BETTER REPORTS FOR PROMPT DECISION MAKING

The SIAPS team assessed the quality of reports and contributed to the development of supervision plans for low-performing sites using the UIMS and e-TB Manager. Initial results documented that the performance rate of e-TB Manager for timeliness, completeness, and accuracy has

progressively improved to 81% as of February 2014, representing an increase of 23 percentage points, compared to September 2013 (58%). Direct uploading of logistics data through the UIMS to the web-based DGFP/LMIS has also improved significantly, to 88% as of February 2014, representing an increase of 39 percentage points compared to February 2013 (49%). Timely reporting has facilitated prompt decision making by managers at all levels.

As part of the process of transferring knowledge, skills, and technology to the GOB, SIAPS facilitated a one-day refresher workshop on the FP and TB stock status reports, separately, for staff of the DGFP and NTP. The stock status report provides strategic supply chain information to the DGFP, NTP, and their development partners to make appropriate procurement and logistics decisions and to facilitate implementation. The report increases the visibility of critical stock situations at the national level for all partners, thus acting as an early warning system for potential stock-outs. Both programs want to strengthen the capacity of government staff to prepare the stock status reports using available supply chain information and epidemiological data. Participants also learned about the various electronic tools (Pipeline, QuanTB) to ensure that reports use appropriate scientific methods and analysis procedures. Both teams (DGFP and NTP) were able to update Pipeline and QuanTB and generate the FP and TB stock status reports for February 2014.

WORKSHOP ON LOGISTICS REPORTING AND TRACKING SYSTEM FOR PRIORITY MEDICINES

Under the leadership of the DGHS and facilitated by SIAPS, a workshop on “Logistics Reporting and Tracking Systems for Priority Medicines” was held on January 29, 2014, at the DGHS.

In his opening remarks, Professor Abul Kalam Azad, Assistant Director General (ADG) (Development and Planning) and Director-MIS, DGHS, reported that the DGFP logistics system has been successfully used to gather information from the SDP to the warehouse level for more effective reporting and supply chain management of drugs and dietary supplements kits and contraceptives. Professor Azad stated that the DGHS could introduce this kind of system to improve its logistics management. Since the DGHS deals with a

huge number of medicines, it is difficult to report by level of user using an automated system. He also stressed the value of standardization through the existing system and its inter-operability to minimize the number of software applications in use.

Dr. Abu Jafar Md. Musa, Director, Primary Health Care and LD, Maternal, Neonatal, Child, and Adolescent Health, DGHS, briefly outlined the objectives of the workshop:

- Analyze and identify priority medicines
- Review and finalize the proposed logistics reporting forms
- Recommend and finalize the pilot sites for implementation
- Develop an effective implementation plan

Dr. Musa advised the formation of a technical working group (TWG) for overall coordination, with terms of reference. Three work groups were organized to focus on the objectives of the workshop, resulting in:

- Identification of 25 priority medicines that need to be tracked
- Development of a draft reporting format
- Identification of four pilot sites in four districts (Narayanganj, Lakshmipur, Magura, and Natore)
- The ADG and SIAPS being made the head and member secretary, respectively

The workshop was wrapped up by Professor Latifa Shamsuddin, President, Obstetrical and Gynecological Society of Bangladesh. Approximately 30 participants from different entities and levels of MOHFW and key development partners attended, including representatives from DGHS, Directorate of Maternal and Child Health, Directorate General of Drug Administration (DGDA), Revitalization of Community Health Care Initiatives in Bangladesh, CMSD, USAID, United Nations Population Fund, WHO, UNICEF, the International Centre for Diarrhoeal Disease Research, Bangladesh, EngenderHealth, Save the Children, Ipas, and the Population Council.

HARMONIZED DOCUMENTATION FOR MEDICINE REGULATORY FUNCTIONS BENEFITS FROM INTERNATIONAL STANDARDS

SIAPS worked with the DGDA to strengthen its medicine regulatory functions and the product registration process through the adoption of internationally recognized document standards. A one-day orientation was conducted on March 13, 2014, for 26 DGDA officials on common technical document (CTD) and the Bangladesh CTD guidelines developed by SIAPS. In addition to reviewing the CTD guidelines, the program reviewed the types and content of documents that pharmaceutical companies will submit in product dossiers using the new CTD formats. The orientation explored how the current drug registration process at the DGDA will be transformed following full adoption of the CTD and the integrated online automated drug registration system (Pharmadex). The CTD guidelines provide instructions for both the DGDA and the pharmaceutical companies on how to properly organize and submit product dossiers that are consistent with the recommendations of the International Conference on Harmonization (ICH). The guidelines have also been used as reference material for the design of a Bangladesh-specific Pharmadex model. Next steps include developing the required CTD

modules incorporating feedback from DGDA officials, establishing a task force to oversee the pilot implementation of Pharmadex and the CTD, and providing training for DGDA officials on how to review medicine dossiers submitted according to the CTD guidelines. The task force will ultimately provide a TOT for all DGDA officers and new recruits.

TRANSPARENCY, ACCOUNTABILITY, AND GOOD GOVERNANCE IN MEDICINE REGULATION THROUGH PHARMADEX

The local adaptation of SIAPS' Pharmadex medicine registration management system for Bangladesh has been completed. Pharmadex is designed to capture and track whether the dossier requirements for medicine registration submitted by pharmaceutical manufacturers are based on CTD standards. The new system will strengthen the DGDA's capacity to regulate licensing, registration, and inspection of medicines. A Bangladesh-specific medicine registration application template has been developed based on requirements provided by DGDA officials. The list of registered medicines and their manufacturers, for both locally produced and imported medicines, was evaluated for use in Pharmadex as a first step in the development of a more efficient medicine registration work process in the online system.

IMPROVED MEDICINES REGISTRATION AT THE NATIONAL LEVEL

SIAPS provided technical assistance to the DGDA to update its current website, making it a full-fledged web portal. The process involved reviewing all data relevant to medicines registration in Bangladesh and creating a data entry field for DGDA field inspectors to provide real-time data on the quality of pharmaceuticals to strengthen post-marketing surveillance. Following the completion of the web portal, SIAPS conducted a two-day orientation on the portal's features and post-marketing surveillance reporting. The program provided hands-on training, practical exercises on website navigation, and skill-building exercises to improve tracking and decision making by DGDA management.

Following the creation of the Bangladesh-specific Pharmadex, a demonstration of the system was held on the same day in March as the news item above. The introduction of Pharmadex to DGDA officials covered the application process and review of applications. Feedback on potential refinements of the system was obtained, and an overview of current Pharmadex implementation plans and future prospects was provided. Pharmadex is expected to streamline management, dissemination, and sharing of regulatory information about medicine registration, inspection, and post-marketing surveillance. Pharmadex promotes transparency, accountability, and good governance in medicine regulation in Bangladesh through the use of common standards and an integrated information system. Next steps include final updates to Pharmadex to meet DGDA requirements, establishing a task force to oversee the pilot implementation of Pharmadex, and training on how to use it.

DGDA GAINS ACCESS TO VIGIBASE

As of January 2014, the necessary fee had been paid, permitting the DGDA to work toward becoming a full member of WHO's International Drug Monitoring Centre (WHO-UMS) and thereby having access to VigiBase, WHO's global individual case safety reports (ICSR) database, which uses a web-based tool called VigiFlow. The next requirement for attaining a sustaining full membership will be the regular submission of ICSRs to VigiBase by the DGDA. On January 27, 2014, an ADRM Cell meeting was held at which nine adverse drug reaction (ADR) reports were reviewed and approved for forwarding to the Adverse Drug Reaction Advisory Committee (ADRAC). The ADRAC meeting was held on March 12, 2014, to evaluate and analyze the ADR reports. To ensure that ADRAC becomes more effective in the future, SIAPS will provide technical assistance to the DGDA to develop SOPs and protocols for ADRAC meetings. The next phases in promoting pharmacovigilance will include distributing printed copies of the ADR reporting forms and instructions to the 20 focal point persons at hospitals; making presentations on ADR reporting; organizing another workshop for stakeholders; coordinating with implementing partners, especially in health communications (the media); and expanding awareness of ADR reporting to districts and upazilas through a TOT.

ADE DATABASE TO STRENGTHEN ADR REPORTING

To strengthen the ADRM Cell's management of ADR reports received from hospitals and pharmaceutical companies, SIAPS developed an adverse drug event (ADE) database. The ADE database will be used in parallel with VigiFlow for ADR reporting and handling data from PV-reporting centers. On March 5, 2014, a user acceptance testing was conducted for members of the ADRM Cell to obtain feedback to improve the system. A coaching session was also conducted on March 27, 2014, for four strategic members of the ADRM Cell on the VigiFlow computer-based e-learning course, which served as a precursor to training on the use and management of VigiFlow that will be provided by the UMC representative on April 23, 2014. ADRM Cell members must have an understanding of

VigiFlow processes to facilitate the transfer of ADE reports received from Bangladesh to VigiBase. Following the training of key ADRM Cell members on VigiFlow, the DGDA will be ready to submit ICSRs to VigiBase. To further support the activities of the ADRM Cell, 2,000 copies of ADR forms and 400 copies of the instructions were printed for the DGDA to distribute to the 20 focal point hospitals in Dhaka, Bangladesh. The current need is to upgrade the ADE database to an ICH-E2B, which will allow for the transfer of data between the local database and VigiFlow, thereby reducing the data entry burden.

LMIS EXTENDED TO STOCK MANAGERS

SIAPS successfully installed a computer network and LMIS for the CMSD and extended its reach to store keepers responsible for physical inventory management. During a January workshop, the SIAPS team supported local ledger keepers in delivering hands-on demonstrations of the LMIS to store keepers. Store keepers now have access to the latest stock and distribution data to verify stock records and review vouchers, thereby improving inventory management and reporting. Previously, the CMSD store keepers, who are located in separate store rooms inside the warehouse, did not have access to the online tools used by the Store Control Branch. They were unable to view stock data updates, despite their integral role in managing inventory.

REGULAR COORDINATION FOSTERS STOCK STATUS REPORT PREPARATION

SIAPS held a one-day refresher workshop on February 27, 2014, in Dhaka on preparation of the monthly DGFP stock status report. The training will enable five DGFP Logistics and Supply (L&S) Unit personnel to assume responsibility for the preparation and dissemination of the report on a regular basis. This was done as part of the skills transfer to the GOB. In its monthly procurement, storage, and supply management meeting held on February 25, 2014, the L&S Unit noted the need for a one-day refresher training for all procurement desk officers and an initial training for all relevant procurement assistants on the use of the updated SCMP. This training will be facilitated by SIAPS in April 2014.

WE WOULD BE HAPPY TO HEAR FROM YOU

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