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Systems for Improved Access
to Pharmaceuticals and Services

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SIAPS Newsletter [January 2015]

SIAPS in the News

Universal Health Coverage (UHC): From September 28-30, 2014, global experts convened in Cape Town, South Africa for a meeting organized by Management Sciences for Health (MSH) with some funding from SIAPS, to continue the dialogue on medicines and universal health coverage (UHC). At last year's meeting, it became clear that many national UHC plans do not give priority to medicines management. The meeting in Cape Town focused on managing medicines in the context of UHC rollout. Sessions included the importance of medicines in the health system; designing and managing medicines benefits; financing medicines; managing a medicines program; information systems and medicines; stakeholder partnerships and medicines; and a closing speech by the Center for Pharmaceutical Management (CPM) Vice President Douglas Keene on next steps. SIAPS portfolio manager Kwesi Eghan presented the results of two SIAPS surveys on assessing medicines benefits in Namibia and South Africa: one in Namibia and one in South Africa.

For more information about this meeting and other UHC issues, please visit the website at www.uhc-medicines.org

SIAPS Ethiopia's APTS Selected as Key Priority for FMoH:

This year's National Annual Review led by Ethiopia's Federal Ministry of Health (FMoH) brought together more than 850 health professionals from across the country to discuss the way forward in public health for the coming year. The



FMoH identified eight priority areas, one of them being SIAPS/Ethiopia's transformative Auditable Pharmaceutical Transactions and Services (APTS) package--the first time a

pharmacy area was selected as part of the annual review meeting agenda.

APTS comprises a set of data-driven interventions that ultimately result in a continuous supply of essential medicines, optimal budget utilization, and improved pharmacy services. Piloted in a hospital in the rugged highlands of northern Ethiopia, APTS underwent rigorous testing in a number of health facilities with groundbreaking results, including significant improvements in:

- The culture of dispensing practice being delivered through highly congested windows
- Drug financing, minimizing stock out and wastage of medicines
- Patient, product and finance related information
- Pharmacy workforce deployment and development
- Customer service satisfaction

APTS is now legislated for implementation nationwide in all public health facilities. At the annual meeting, Ethiopian health minister Dr. Kesete-Birhan Admasu said, "I am impressed by the implementation of APTS that I observed firsthand at the Legehare Health Center. APTS will be replicated at all public health facilities in collaboration with the regional health bureaus. The FMOH recognizes the impact-oriented support of SIAPS. The Ministry will be focusing on APTS implementation across all the regions."

For more information about SIAPS Ethiopia and APTS, please visit:

www.siapsprogram.org/2013/10/17/auditable-pharmacy-transactions-and-services-aps-good-governance-and-better-service-delivery/

[Photo: SIAPS/Ethiopia Regional Technical Advisor Getahun Sisay at Felege Hiwot Hospital. *Source: Annette Sheckler*]

Legislating Pharmaceutical Reforms in Swaziland: In Swaziland, SIAPS has been supporting the Ministry of Health in developing both the Pharmacy Bill to regulate the profession and practice of pharmacy, and the Medicines and Related Substances Bill to regulate the registration, importation, and use of medicines and related substances. The two bills have been passing through the legislative process and are now with the Swaziland Parliament's Health Portfolio Committee.



To educate parliamentarians on the importance of these two bills, SIAPS/Swaziland held two highly successful workshops. The first workshop targeted members of the Health Portfolio Committee, while the second was designed for members of the House of Assembly and the Senate. At the workshops, Swaziland legislators were briefed on the pharmacy profession and how pharmacy personnel were positioned within the country's health care system. The bills were discussed in detail, with the parliamentarians paying special attention to potentially contentious issues.

Legislators praised the workshops, saying they would inform both future legislative sessions and their report, which is to be submitted to the Health Portfolio Committee.

These two bills are expected to:

- Ensure that quality pharmaceutical services are delivered by trained, registered, and accountable personnel
- Promote the safe dispensation of quality medicines and appropriate counseling for patients
- Ensure the enforcement of good pharmacy practices, which will in turn lead to improvements in medicines management

[Photo: Students practice interpreting laboratory results in Swaziland as part of SIAPS pharmacy training program at SANU. *Source: SIAPS/Swaziland*]

SIAPS Launches Pharmacy School Initiative in DRC: The SIAPS Democratic Republic of Congo (DRC) office officially launched an initiative to evaluate the curriculum of the University of Kinshasa's School of Pharmacy, which will assist the school in meeting international standards in pharmacy education for accreditation

purposes. Representatives from USAID and the WHO, along with university faculty and researchers, public health officials, and members of the media, joined SIAPS DR Congo at the July 14 launch event. Minister of Higher Education Maker Mwangi stressed the government's commitment to internationally recognized standards of educational excellence and USAID's Deputy Director Christophe Tocco noted that "the absence of an effective pharmaceutical system can lead to adverse consequences for any society." Dr. Joseph Cabore, WHO's Country Representative, lauded USAID and SIAPS for their continued support in strengthening the country's health system.

SIAPS Attends ECOWAS Meeting on HIV and AIDS: SIAPS attended the 5th Economic Community of West African States (ECOWAS) meeting on HIV and AIDS this year in Abidjan. SIAPS presented the West Africa Regional Project (WARP) and shared findings on a recently situational analysis of HIV and AIDS commodity management. SIAPS highlighted the "regional dashboard", an early warning system to improve the availability of HIV and AIDS commodities in West Africa. For more information about WARP, please visit our website at <http://siapsprogram.org/wherewework/west-africa-regional-project/>. To view the regional dashboard, go to www.ospsida.org.

Selected Country Program Highlights

Bangladesh: SIAPS partnered with the Ministry of Health and Family Welfare to standardize lists of essential medical equipment needed at each level of the health system, including a price guide and a procurement guide—moves that resulted in more accurate budgets for the Ministry.

Guinea: Despite a delay due to the country's Ebola outbreak, SIAPS Guinea's National Malaria Control Program (PNLP) organized the fourth end use verification (EUV) survey. For the first time, the survey included districts in areas supported by the Global Fund, selected based on their proximity to activities supported by the President's Malaria Initiative (PMI). The EUV showed availability of artemisinin-based combination therapies, rapid diagnostic test kits, and sulfadoxine-pyrimethamine, which were distributed in June in Global Fund areas and in April in PMI areas. The survey also showed the need for training on inventory management and managing storage. On the positive side, the survey showed that most people suspected of having malaria had been tested and received appropriate treatment.

South Africa: SIAPS developed two abstracts on the enhancement of RxSolution:

“Development and Implementation of an Electronic Inventory Management System for Direct Delivery Procurement at the National Department of Health,” and “Patient’s Record Management in Tshwane Metro Clinic Through Biometrics Registration.” Both abstracts were accepted for presentation at the 2014 ICT4 Health Conference in Durban, South Africa.

Tajikistan: SIAPS supported Tajikistan’s National Tuberculosis Program (NTB) to develop a system for early warning of anti-TB medicine stock-outs using QuanTB.

Selected Success Stories

South Sudan: Health facilities and county-level stores in South Sudan are practically overflowing with medicines. For a young country plagued by political instability and insufficient health care infrastructure, an abundance of medical supplies may seem to be an advantage. Instead, the situation holds the potential for a public health catastrophe: many of these medicines are expired or have been improperly stored, making them unusable and potentially dangerous for consumers. [Read more](#)



[Photo: SIAPS/South Sudan de-Junking a Warehouse. *Source: SIAPS/South Sudan*]

Philippines. Edgar Almoguera, Sr., has been working as a public health nurse in Old Balara Health Center in Quezon City, Metro Manila since 1994. Primary healthcare services such as maternal and child care and TB directly observed treatment, short-course (DOTS) are provided by the center to 14,800 families in this urban neighborhood, or barangay.

As the supply officer in his unit, he often experienced stock-outs. “In the past, there was no systematic way to request our TB



medicines,” Edgar said. “I only received what had been allocated by the district office. The allocation was not always based on the number of patients. To add to the stock-out problem, I’ve also been challenged by organizing our medicines, given our unit’s lack of storage area.”

Access to quality medicines and other commodities are essential to the delivery of TB services. Despite significant efforts in the overall management of the TB supply chain in the Philippines, medicine and supply stock-outs, poor storage conditions, lack of inventory management and reporting, and limited health staff capacity in managing supplies and medicines have been observed in health facilities. [Read more](#)

[Photo: Edgar Almoguera Sr., public health nurse and supply chain management champion of Quezon City, Philippines]

South Africa: The support of Community Service Pharmacists (CSPs) in Limpopo province has contributed to improvements in medicine supply management and better compliance with quality standards at the primary health care (PHC) level. In 2013, the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program, funded by the United States Agency for International Development (USAID), provided technical assistance in the introduction of an innovative new “Adopt-a-clinic” project. Led by CSPs, the project aims to improve the delivery of pharmaceutical services at the facility level.

Following the results of a National Core Standards (NCS) assessment conducted at fourteen PHC facilities in Mopani District in 2012, challenges such as low stock availability, inaccuracy of stock records, and a failure to take inventory highlighted a need for change. In many instances, the provision of pharmaceutical services was delegated to the already overburdened nursing personnel, who are expected to perform these tasks in addition to their routine clinical functions, often leading to poor stock management practices. The NCS assessment highlighted the need for an urgent solution to address these challenges.

Read more of this story at <http://siapsprogram.org/2014/10/27/adopt-a-clinic-an-innovative-way-to-improve-medicine-availability-at-clinics-the-case-of-limpopo-province-south-africa/>

Policy Briefs

Improving Malaria Diagnosis and Access to Treatment in Remote Areas of the

Amazon Basin Countries. It is important to build an evidence-based approach to justify the launch of new interventions and to evaluate their impact. The Amazon Malaria Initiative is advocating a systematic implementation of locally appropriate interventions and documentation of results.

The Suriname Ministry of Health (MOH) commissioned a knowledge, attitudes, and practices (KAP) study of malaria diagnosis and treatment in gold mining areas to improve understanding of their needs. The study aimed to reinforce public health professionals' understanding of the miners' treatment-seeking behaviors for malaria, their work habits, and their living arrangements so new initiatives could be designed to provide diagnosis and treatment.

Read more of this story at: <http://siapsprogram.org/publication/policy-brief-improving-access-to-malaria-diagnosis-and-treatment-in-remote-areas-of-the-amazon-basin-countries/>

Programming the Purchase of Medicines and Supplies in the Dominican Republic's Public Health System. Until 2010, estimates and programming for the purchase of medicines and supplies in the Dominican Republic's public health sector were carried out by each individual health facility without the benefit of a standardized methodology. In 2011, the Ministry of Public health, with the support of SIAPS, conducted a series of national procurement programming exercises using a standard methodology. It is now possible to ascertain for the first time that the resources allocated by the Ministry of Finance were insufficient to finance the needs for medicines and supplies, as estimated in the programming exercises.

For more information, please visit: <http://siapsprogram.org/publication/programming-the-purchase-of-medicines-and-supplies-in-the-dominican-republics-public-health-system/>

Featured Blog

Adding Medicines to the UHC Equation

By Francis Aboagye-Nyame, Program Director, SIAPS

ARLINGTON, Va. (11 December 2014) — On Friday, December 12, over 500 partners from the global health community will come together to commemorate the first Universal Health Coverage (UHC) Day. Although marking the day is new, support for the concept has been building for several years – and momentum for it continues to

grow. Dr. Margaret Chan, Director of the World Health Organization, framed it as “the single most powerful concept public health has to offer.”

Put simply, UHC is the idea that every person, no matter where they live, should have access to quality health services without risking financial hardship.

But accessing quality health services is only half of the equation. Every person should also have available to them medicines that are affordable, safe, effective, and of assured quality. An estimated one-third of the world’s population does not have access to the medicines and health products that they need.^[1]

Even when medicines are available, many patients in low-income or marginalized groups find they are unable to afford treatment regimens, forcing many to make the impossible choice of abandoning treatment or falling into poverty for obtaining the care they need. In India alone, out-of-pocket spending on medicines forced an estimated 40 million people into poverty.^[2]

It is imperative that as we increase our focus on making UHC a reality, we must also ensure widespread, equitable access to medicines, diagnostics, and health supplies.

While strong supply chains are essential to expanding access to medicines, investments to strengthen pharmaceutical systems as a whole are also needed to ensure that access is equitable, sustainable, and country-led.

Infusing support throughout all levels of the health system – from the development of national-level legislation and guidelines to the provision of high-quality, patient-centered pharmaceutical care – ensures that the interrelated and interdependent factors that affect access to medicines are addressed in an integrated and coordinated way.

With this view toward systems strengthening, the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, funded by the US Agency for International Development and implemented by Management Sciences for Health, is identifying ways in which expanding access to medicines may be integrated into the context of larger UHC efforts. Often, the medicines-related components of UHC are referred to as medicine benefit programs.

Toward this effort, SIAPS, along with other partners, convened two major meetings for global stakeholders to discuss and consider programmatic challenges in designing and implementing medicine benefit programs. These discussions have highlighted experiences from countries at many different stages of UHC roll out and, importantly, have spurred the ongoing development of guidance documents which will inform efforts

to expand access to medicines through medicine benefit programs.

Key considerations for integrating medicine benefits into UHC:

- Develop evidence-based medicine benefit programs
 - Explore public-private partnerships for cost and quality
 - Use information for decision making across systems and stakeholders
 - Develop and strengthen governance structures
 - Engage policy makers and civil society through advocacy
-

By working together with countries to evaluate potential options, assess program gaps, and identify system weaknesses, SIAPS is working to support countries in developing innovative strategies that can help integrate the medicine benefit component into UHC programs while promoting the principles of inclusion and equity.

For example, despite decreasing levels of external development assistance, the government of Namibia is exploring ways of implementing UHC programs nationwide to extend coverage to the 85% of the population not currently covered by existing health plans. Through an in-depth assessment, SIAPS helped to review Namibia's current medicine benefit programs and health insurance schemes and identified several ways to expand health services to additional populations by diversifying funding mechanisms, creating greater systems efficiencies, and incentivizing the rational use of medicines.

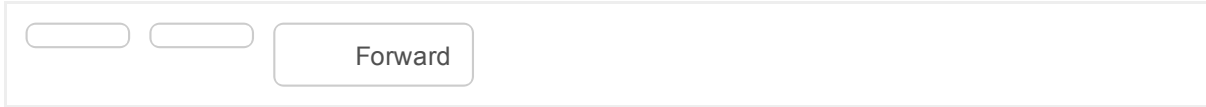
Although advancing UHC may be among one of our greatest global health challenges, successes are already being achieved in many low- and middle-income countries. This progress, along with the growing momentum for UHC, provides an unprecedented opportunity to strengthen health systems and expand access to medicines for marginalized populations globally. And, by considering access to medicines as part of the UHC equation now, we can ensure that in the future, patients will have access to not only the health services they need but also to the life-saving medicines that can protect, improve, and restore their health.

Because health is a human right for every person, everywhere.

[1] WHO, 2004. "The World Medicines Situation"

www.who.int/medicines/areas/policy/world_medicines_situation/en/

[2] Srinath Reddy K, 2012. Prioritize Primary Healthcare. *Business India*. Available at: www.phfi.org/images/news/interview_K_Srinath_Reddy.pdf



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