



Photo by Warren Zelman

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STRENGTHENING PHARMACEUTICAL SERVICES THROUGH STRUCTURED SUPPORTIVE SUPERVISION IN NAMIBIA



CHALLENGE **Building capacity to meet the demands of an advancing pharmaceutical system**

An assessment of Namibia's pharmaceutical system conducted in 2009 identified a number of capacity building challenges to be addressed to improve pharmaceutical services.¹ These challenges included shortages of key staff, unmanageable workloads, and inadequate storage space for medicines. In response, the Ministry of Health and Social Services (MOHSS) identified several key mechanisms to address these

challenges and strengthen the pharmaceutical sector including improving the functionality of drugs and therapeutics committees (DTCs), expanding use of the Electronic Dispensing Tool (EDT) to track pharmaceutical products and patients, revising the current method of stock management, and harnessing data for decision making.

SIAPS ACTIVITIES **Resolving pharmaceutical challenges through supportive supervision**

Supportive supervisory visits (SSVs), included as a key mode for implementing these improvements, are structured visits to facilities conducted by teams assembled by the Division of Pharmaceutical Services. SIAPS helps to structure and conduct supportive visits through technical assistance based on the principles of continuous quality improvement (CQI).

As the cornerstone of its planned activities, the MOHSS, with support from SIAPS, decided to revamp SSVs in order to monitor performance and evaluate implementation of the pharmaceutical services provided in each region. SIAPS provided technical assistance in the development of the indicator-based checklist which uses indicators to guide the collection of data, standardizes the assessments conducted across multiple facilities,



A member of the Support Supervisory team provides support to pharmacy staff on inventory management during Support Supervisory Visits. Photo by MSH Namibia.

and ensures data are aggregated and analyzed in a timely manner for faster feedback.

The checklist assesses the adequacy of storage conditions, inventory control practices, how well DTCs are functioning, the use of pharmaceutical management information systems, level of quality in service delivery, any remaining training needs, and medication safety issues. The checklist also assesses the implementation of recommendations made in previous supervisory visits and monitors the use of tools that have been implemented for patient and inventory management, such as the Electronic Dispensing Tool (EDT). The visits are funded and coordinated by the Division Pharmaceutical Services and are conducted once a year by teams of 2-3 individuals comprising MOHSS, National Medicines Policy Coordination, and Global Fund representatives as well as regional directorates/pharmacists. The regional pharmacists participate in the visits to build their capacity to conduct regular support supervision without support from development partners which helps encourage continuity and country ownership.

Data are collected from facility records, stock cards, physical inventory, and discussions with staff involved in pharmaceutical management. The pharmacist in charge, the facility manager, and the regional pharmacist are each given a

copy of the completed checklist to enable them to immediately act on identified gaps that require follow-up. Feedback from the SSVs is provided to regional management teams (RMTs) that help to manage the implementation and provision of health services in each region.

Supportive supervision visits are now conducted across all of Namibia's districts including the referral hospitals and the two multiregional medical stores, and primary health care facilities.

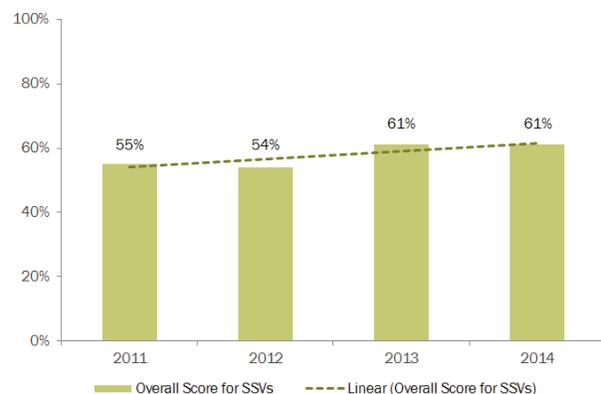
Supportive supervision visits are now conducted across all of Namibia's districts including the referral hospitals and the two multiregional medical stores, and primary health care facilities. SIAPS has ably transitioned the planning and funding for this activity to the Ministry and continues to provide technical assistance in the review of reports and development of effective interventions to address issues identified during the visits. SIAPS has also provided technical support to the national level to analyze and aggregate all data collected to produce annual feedback reports that are distributed to all regions, stakeholders, and policymakers at the MOHSS.

RESULTS Supportive supervision leads to targeted Improvements in pharmaceutical services

Over the past four years, the overall SSV scores have increased, particularly in use of the EDT and resolution of issues identified during supervisory visits. However, improvement in performance in the various indicators monitored by the checklists have been hindered by various challenges such as increased numbers of patients enrolled into HIV care without corresponding increases in the capacity of the health systems to cope with the new numbers of patients. Performance has also been affected by a high staff turnover in pharmaceutical staff which has led to losses of institutional memory when trained staff members leave.

The feedback report has allowed national and regional decision makers to address the gaps and act on the recommendations. For example, in 2011, the report noted challenges in measuring patient adherence to ART and failure to properly use EDT for case management. The report recommended

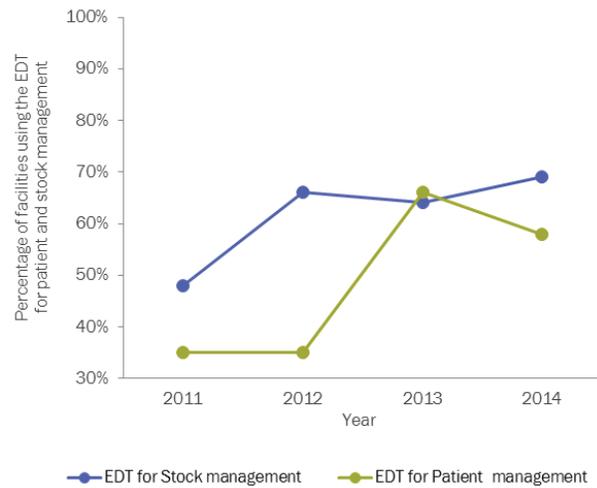
providing training on EDT and ART SOPs to improve ART services delivery in health facilities. As a result, the Division of Pharmaceutical Services, along with support from SIAPS, conducted a number of trainings on EDT and upgraded the software in order to help facilities monitor patient



Overall average score by health facilities during support supervisory visits

adherence through collection of pill counts and other adherence data. These EDT upgrades also became important in enabling Namibia to start reporting on Early Warning Indicators (EWI) from the EDT reports.

SSVs have influenced major decisions at the MOHSS including the construction of new storage space for medicines at Onandjokwe and Nyangana hospitals. By including regional pharmacists in the SSV teams, SIAPS is building local capacity to continue conducting SSVs after the conclusion of the SIAPS program. Health facilities also now recognize the value of SSVs as a quality improvement mechanism and appreciate this level of support. The Pharmaceutical Division has progressively taken over the logistics and coordination of the SSVs and will eventually take over all aspects of SSVs.



Average score in use of the EDT for patient & stock management

NEXT STEPS Transitioning to country ownership

SIAPS continues to work with and mentor MOHSS officials during SSVs. The engagement of regional pharmacists has enhanced their capacity to conduct these visits. In the most recent SSVs, recent pharmacy graduates at the Windhoek Central Hospital also participated in the SSVs to further build local capacity. Technical assistance

and capacity building has also been provided to the Division of Pharmaceutical Services to aggregate the data, and produce and disseminate feedback reports. SIAPS also plans to support MOHSS in the development of a reference document that can be used to guide SSVs.

ABOUT SIAPS | The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program works to assure access to quality pharmaceutical products and effective pharmaceutical services through systems-strengthening approaches to achieve positive and lasting health outcomes. SIAPS is funded by the US Agency for International Development (USAID) and is implemented by Management Sciences for Health. For more information, visit www.SIAPSprogram.org.



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