

NEWSLETTER

Volume 1, Issue 2

May 2017

SYSTEMS FOR IMPROVED ACCESS TO PHARMACEUTICALS AND SERVICES

POST-EBOLA RECOVERY
SIERRA LEONE

INSIDE THIS ISSUE

Updated Treatment Register
Streamlines Patient
Recording Process 2

CRMS Conducts Second
Cycle; Reforms Made per First
Cycle..... 2

SIAPS Supports Launch of
Four DTCs 3

Pharmaceutical Dashboard to
include CRMS Data 3

AMR Gets a Call to Action 4

Strengthening Quantification
Practices using CRMS Data
and Electronic Tools 4



USAID
FROM THE AMERICAN PEOPLE

SIAPS
Systems for Improved Access
to Pharmaceuticals and Services

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program received funding from the US Agency for International Development (USAID) in September 2015 to provide two years of post-Ebola recovery technical assistance to rebuild and strengthen the pharmaceutical supply chain management system in Sierra Leone.

NOTES FROM THE COUNTRY PROJECT DIRECTOR



Murtada Sesay

We're pleased to report on the progress the SIAPS Project has made in supporting the rebuilding and improvement of pharmaceutical management after the Ebola outbreak. Activities this project period have focused on capturing and using information for supply decisions and on strengthening supply chain management, including improved medicine storage and handling. Our Continuous Results Monitoring and Support System (CRMS) initiative continues to identify gaps and promote progress, and we're now moving into upgrading data capture tools, making them more efficient and flexible. We continue to work directly with health facilities on better managing and storing stock, increasing efficiency, and promoting appropriate medicine use.

We still have constraints of a weakened system that needs urgent attention. Manpower and infrastructure are limited, and extended funding beyond September 2017 is uncertain. Nevertheless, strategies have been effective. Innovation, flexibility, and a can-do attitude are paramount to success in constrained conditions. Tackling smaller issues helped pave the way for the success of larger efforts. Working one-on-one with stakeholders has proved invaluable in gaining trust and helping to fast-track solutions. We look to leverage this strong groundwork to speed progress in the months to come.

IMPROVED TREATMENT REGISTER STREAMLINES PATIENT RECORDING PROCESS

The paper-based patient registration process that health facilities currently use at peripheral health units (PHUs) has challenges and can be unclear. The form is too small to adequately record information, leading to handwriting that can be illegible and often incorrect information. It also creates issues with supply chain, since quantification can be inaccurate and a lack of patient information can lead to misdiagnosis and treatment.

To address this, 8,350 improved and user friendly treatment and summary report registers are being printed, enough for a year's use at approximately 1,300 health facilities. The new registers rely on numbers and

ticking boxes to minimize writing and expedite data recording. For example, a PHU-specific register lists the top 10 common diagnoses and medicines most commonly prescribed. At larger facilities, the list is expanded to 20. The daily registers are subsequently combined into a monthly report of stock use and status. The new register also serves as quality and quantity control for supervisors who can check the accuracy and progress of activities related to treatment and supplies through an indicator-based check list. SIAPS is providing training of trainers (TOT) and cascade training to roll out the use of the registers.

CRMS MOVES TO A SECOND CYCLE

SIAPS supported the launch of a CRMS in Sierra Leone in June 2016. It began in 2 medicine districts, and has been implemented in all 13. CRMS is a comprehensive indicator-based approach to strengthen pharmaceutical management systems for improved performance and quality in supply chain and to promote rational medicines use.

The first cycle of data gathering has now taken place in all 13 districts, with all but 3 completing reports and reviews. As part of the support element of CRMS, SIAPS is providing shelves and storage cabinets in selected health facilities to improve storage problems identified during the CRMS exercise. So far, 50 health facilities have been assessed and supported for storage capacity and practices: 11 in Bombali, 8 in Port Loko, 11 in Tonkolili, 16 in Western Area, and 4 in Kenema. Work is in progress in 5 new health facilities in Tonkolili and 13 in Western Area. Installation of secure and improved storage capacity has been completed in 3 facilities in Western Area. CRMS teams encouraged and provided support to health-facility staff to help reorganize their stores and update stock cards. For some health facilities, communities made basic pallets using locally available wood to stack medicine boxes, keeping them from damage from water or moisture when stored on the floor. These are basic, low-investment activities that have a high impact on good pharmaceutical management practices at PHUs.



New medicine storage pallets constructed with local help and materials.

A second cycle has now been conducted in 10 districts covering 860 of the 1,300 health facilities in the country, which is 66% coverage. This leaves three districts to be covered: Western Area, Kenema, and Kambia. SIAPS has collected all of the data and will help expedite entry and analysis. A simplified, more user-friendly template has also been developed to enter and analyze data; it will be piloted and refined in Koinadagu District before being shared with others. Results of the second cycle will be used for planning and training before a third cycle that is expected to take place in the coming two months.

SIAPS SUPPORTS LAUNCH OF FOUR DTCs

Four drug and therapeutics committees (DTCs) were launched in Connaught, Ola During Children's, Makeni Government, and Princess Christian Maternity Hospitals at an event in March 2017 in Freetown. Participants included representatives from USAID, hospital management teams, technical care providers, the media, and USAID/SIAPS. This coincided with a visit from the SIAPS program director, principal technical advisors, and the country portfolio manager.

An additional five hospitals are in the process of rolling out DTCs: Kailahun, Bo, Tonkolili, Kono, and Port Loko District Hospitals. A proven way to strengthen health systems and reduce practices that lead to morbidity and antimicrobial resistance, DTCs help stem inappropriate medicine use and promote sound management among health care professionals involved in determining best practices. They manage medicine selection, evaluate prescribing, and implement strategies to improve medicine use throughout a health care facility.

SIAPS is helping the DTCs develop their terms of reference, and identify and track selected indicators related to appropriate prescribing and rational medical use. The program has also donated computers, printers, modems, office supplies, and furniture to each hospital and is procuring medical information resources, such as reference books, for each DTC.

SIAPS has also taken advantage of the newly established DTCs to advocate for progress with the government's antimicrobial resistance (AMR) agenda. Momentum has picked up in preparation for submission of a national AMR strategic plan by the Government of Sierra Leone to the World Health Assembly in May 2017.



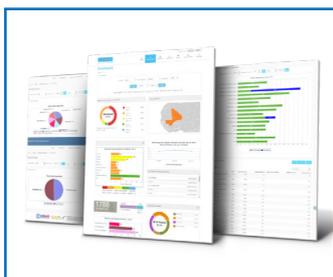
The DTC launch ceremony. (left) Dr. Saad El-Din Hassan, USAID Health Advisor in Sierra Leone, hands over equipment provided by USAID/SIAPS to Dr. Matt Leiby, the director of the Directorate of Hospitals and Laboratory Services of the Ministry of Health and Sanitation. (right) USAID and SIAPS donated equipment to the newly established DTCs.

PHARMACEUTICAL DASHBOARD TO INCLUDE CRMS DATA

Based on a memorandum of understanding between USAID/SIAPS and the National AIDS Secretariat (NAS), technical assistance has been provided for the development and use of an HIV/AIDS commodity dashboard. The architecture has been designed using basic national health system structures and data, and development is being extended beyond HIV/AIDS to include other health programs, such as malaria and TB.

The dashboard provides real-time access to stock status and consumption information, improving forecasting and timely procurement of medicines using government and donor resources. It also serves as an early warning system that will contribute to averting stock-outs, avoiding emergency procurements, and ensuring an uninterrupted supply of all key products. SIAPS conducted training for 58 central and district staff on the use of the web-enabled dashboard in March.

Originally programmed to handle data on essential medicines and HIV- malaria-, and TB-related products, the dashboard data is also being expanded to include all monthly CRMS-related data. Data will be entered at the facility level and will



The dashboard

feed into a central data dashboard. All reports will have an option to summarize by national, region, and district and to sort by facility. Further, the dashboard will allow download of an Excel template prefilled with metadata that staff can upload to a tablet for use in the field.

CRMS data to be integrated into the dashboard

Morbidity	Number of visits by age and sex
	CRMS visit profile by age
	CRMS total visit profile
Stock	CRMS stock status of product group
	CRMS stock availability by type of facility for product group
	CRMS treatment versus quantity of ACTs dispensed
	Availability of ACTs
	CRMS commodity expiry for 14 high-level indicator products (ACTs, essential antibiotics), plus stock-out trends for each product
System	Average number of medicines per prescription
	Count of selected variables: expired, moved for disposal, disposed of
	Discrepancy between physical count versus stock card record
	FEFO (first expired, first out) practices
	Staff-level distribution – percentage of each designation

AMR GETS A CALL TO ACTION

A SIAPS principal technical advisor for AMR provided technical advice to support activities for an inter-ministerial task force that's leading national efforts to prevent and control AMR. The advisor participated in the finalization arrangements for a briefing of a small group of stakeholders, including the WHO, Ministry of Health and Sanitation (MOHS), DDMS, Pharmacy Board, and Directorate of Disease Prevention and Control. This briefing led to the first wider multisector stakeholder AMR call-to-action meeting on March 17, 2017 at the MOHS. Sierra Leone's chief medical officer opened and chaired the meeting, which

included representatives from the Pharmacy Board, SIAPS, the CDC, Public Health England, Ministry of Agriculture, Environmental Protection Agency of Sierra Leone, and other MOHS departments. The registrar of the Pharmacy Board, one of the key government counterparts for the SIAPS Project, has been nominated as the AMR focal point and mandated to put together a technical team to prepare the AMR National Strategic Plan for the World Health Assembly in May 2017. SIAPS is now a member of the AMR task team in these preliminary steps and will continue to provide support for this effort.

STRENGTHENING QUANTIFICATION PRACTICES USING CRMS DATA AND ELECTRONIC TOOLS

SIAPS supported the establishment and initial training of a national quantification committee and seven quantification technical working groups (TWGs) in October 2016. Quantification for the 2017 and 2018 procurement of supplies for Free Health Care, the DFID-funded initiative targeted to pregnant women and children under five, was approved. UNICEF is handling the procurement process, which is ongoing. Data from the CRMS process, including stock status and consumption, was fed into the quantification exercise.



Also in October 2016, SIAPS supported training for the TWG on the principles and use of QuanTB, a quantification and early warning tool designed by SIAPS to improve quantification and procurement of TB medicines. The TWG then

conducted a quantification exercise on TB medicines and supplies to estimate requirements for 2017 and 2018.

The multi-year quantification was a breakthrough system-strengthening exercise for Sierra Leone. The exercises provided the platform and opportunity to identify, discuss, and begin to tackle major supply-chain management challenges. It represents major progress toward a more rational, data-based, supply chain decision-making process in the country, especially the potential to move from a push to a pull system and to avoid time consuming and wasteful emergency-mode quarterly quantifications and procurements.

Quantification also provided long-term estimates that will support advocacy for more funding from the central government and donors and created and strengthened local capacity to lead, coordinate, and conduct similar quantification exercises.

Systems for Improved Access to Pharmaceuticals and Services (SIAPS)

39 Freetown Road Wilberforce,
Freetown, Sierra Leone

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.

CONTACT US

Murtada Sesay,
CPD, SIAPS/SL

mseysay@msh.org



USAID
FROM THE AMERICAN PEOPLE

SIAPS
Systems for Improved Access
to Pharmaceuticals and Services