

## **SPS Multi-Country Associate Award: Activity and Product Status Report**

A report on quarterly progress achieved towards activities, products, and results

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Project Year 2 Quarter 2

January – March 2012



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## **About SPS**

SPS works in more than 20 developing and transitional countries to provide technical assistance to strengthen pharmaceutical and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

## **Recommended Citation**

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## ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADR	adverse drug reaction
ADT	ARV Dispensing Tool [MSH]
AIDS	acquired immunodeficiency syndrome
AQ	amodiaquine
ART	antiretroviral therapy
AS	artesunate
CBO	community-based organization
CMS	Central Medical Store
COP	chief of party
DTC	Drug and Therapeutics Committee
EML	essential medicines list
FDC	fixed-dose combination
FY	fiscal year
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB	Government of Bangladesh
HIV	human immunodeficiency virus
IC	infection control
ICAT	Infection Control Assessment Tool
IEC	information, education, and communication
INRUD	International Network for Rational Use of Drugs
IPT	intermittent prevention treatment
M&E	monitoring and evaluation
MDR	multidrug resistant
MIS	management information system
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare (Swaziland)
MoPH	Ministry of Public Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NDTC	National Drug and Therapeutics Committee
NGO	nongovernmental organization
NMCP	National Malaria Control Program (Senegal)
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PMI	President's Malaria Initiative
PMIS	pharmaceutical management information system
PMTCT	prevention of mother-to-child transmission
PV	pharmacovigilance
QA	quality assurance
RBM	Roll Back Malaria
RDT	rapid diagnostic test
RH	reproductive health

RMU	rational medicine use
RPM Plus	Rational Pharmaceutical Management Plus
SCMS	Supply Chain Management System
SOW	statement of work
SPS	Strengthening Pharmaceutical Systems (Program)
STG	standard treatment guideline
TA	technical assistance
TB	tuberculosis
TOR	terms of reference
TOT	training of trainers
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
USG	United States Government
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis



## FINANCIAL INFORMATION

### **Multi-Country Strengthening Pharmaceutical Systems Associate Award**

**Fiscal Data: January 1, 2011 – March 31, 2012**

**Associate Award Number: AID-OAA-LA-10-00002**

On July 22, 2010, Management Sciences for Health was awarded the SPS Multi-Country Associate Award under the Leader with Associate cooperative agreement GHN-A-00-07-00002-00. The cumulative obligation for the SPS multi-country associate award currently stands at US\$ 19,591,091.

MSH tracks and reports expenditures by source of funding (each country's field support source). MSH further subdivides each source funding by the various Program Elements designated by USAID when funding is received (e.g., PEPFAR/HIV/AIDS, PMI/Malaria, TB, Maternal and Child Health, and Reproductive Health, etc.)

The Fiscal Data chart shows the Year 1 through Year 2 obligations, cumulative funds obligated, FY 12 quarter two (January to March 2012) expenditures, in addition to the cumulative to-date (July 22, 2010 to March 31, 2012) expenditures of US \$16,984,646 by funding source.

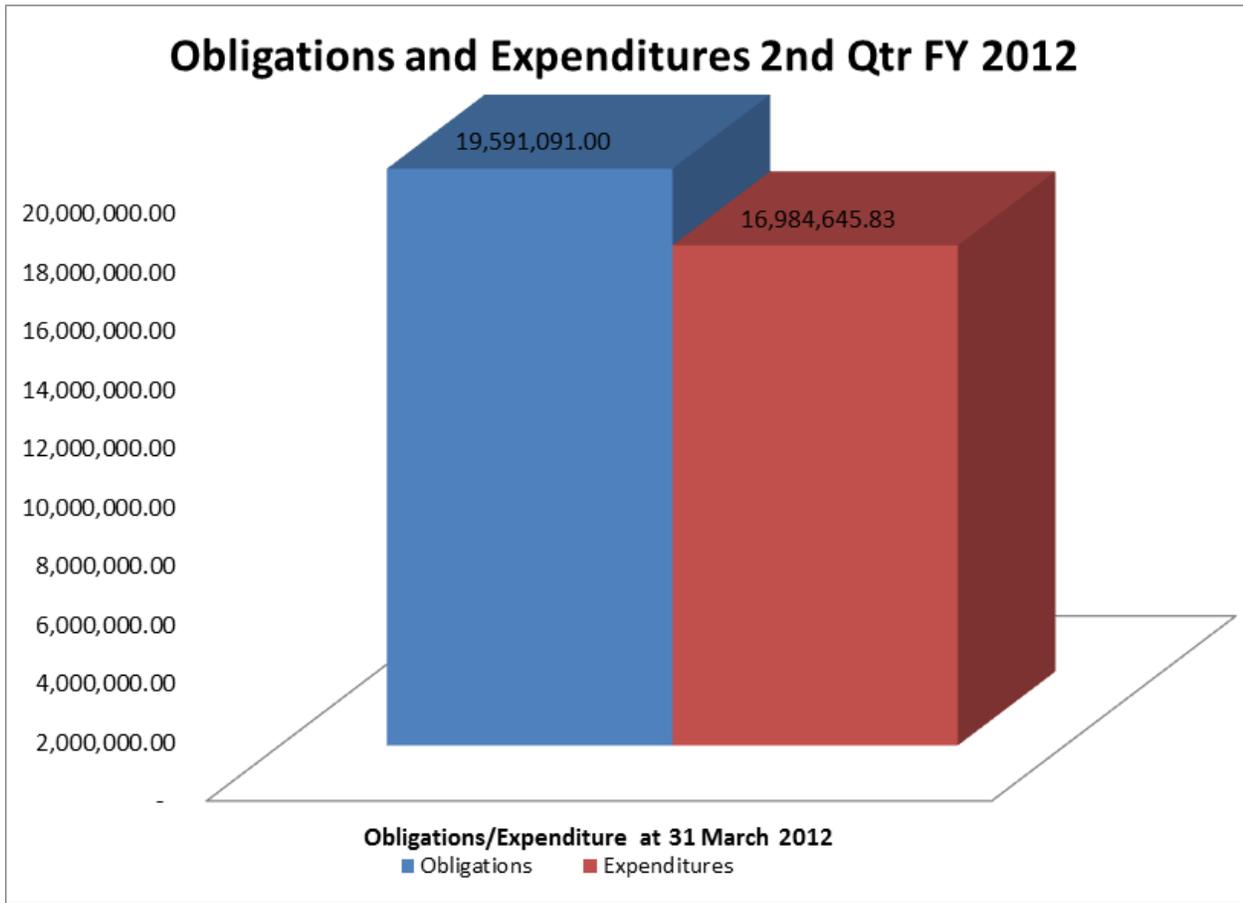
*SPS Multi-Country Associate Award: Activity and Product Status Report  
Year 2 Quarter 2*

**Multi-Country Strengthening Pharmaceutical Systems Associate Award  
Pipeline by Funding Source  
Fiscal Data: Fiscal Year 12, Quarter 2  
AID-OAA-LA-10-00002**

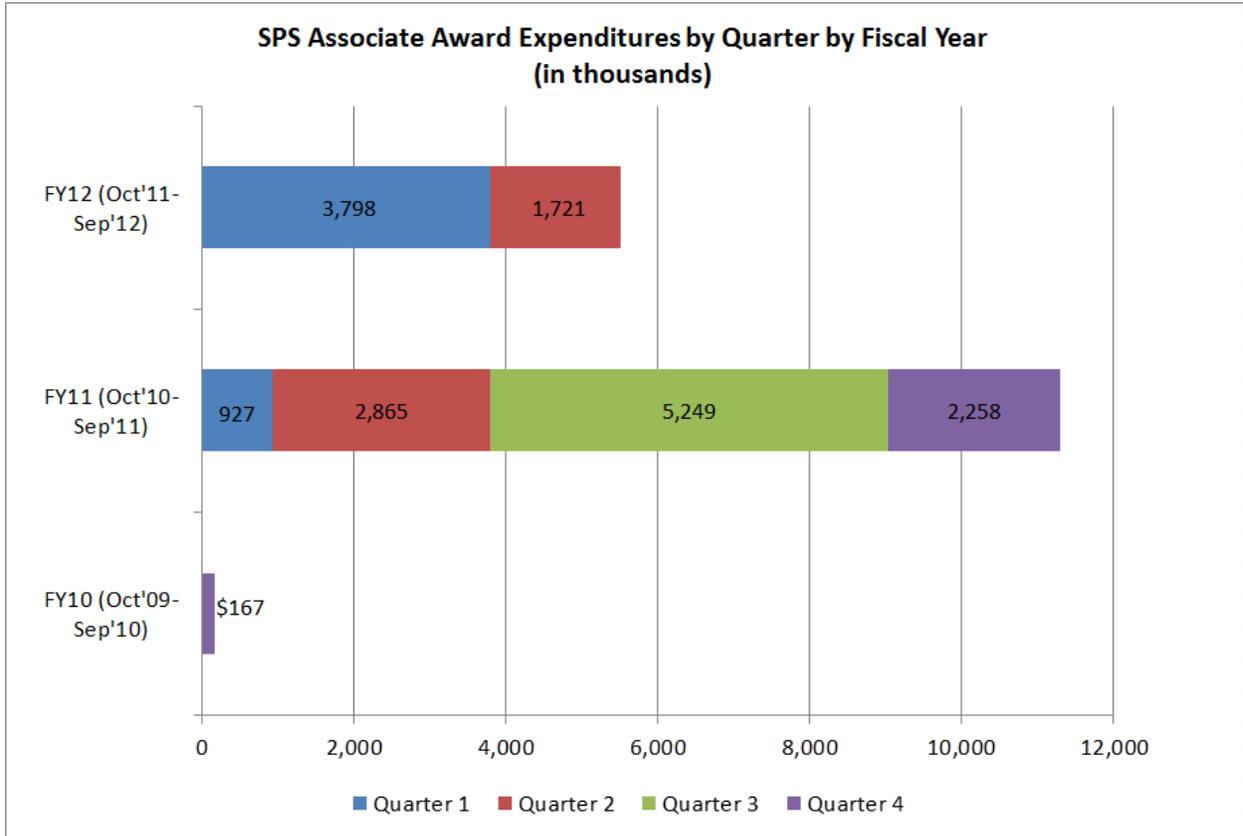
Funding Source	Funding Type	Grand Total Funded	Q2 Expenditures Jan - Mar 2012	Grand Total Spent	Grand Total Remaining
Bangladesh-POP		\$ 1,300,000	\$ 58,762	\$ 1,290,543	\$ 9,457
Bangladesh-MCH		\$ 400,000	\$ 21,360	\$ 308,016	\$ 91,984
<i>Bangladesh Subtotal</i>		<i>\$ 1,700,000</i>	<i>\$ 80,122</i>	<i>\$ 1,598,559</i>	<i>\$ 101,441</i>
Brazil-TB		\$ 1,673,000	\$ 66,235	\$ 1,650,898	\$ 22,102
Ethiopia - PEPFAR		\$ 3,000,000	\$ -	\$ 3,000,000	\$ (0)
Ethiopia - PMI		\$ 800,000	\$ -	\$ 800,000	\$ 0
<i>Ethiopia Subtotal</i>		<i>\$ 3,800,000</i>	<i>\$ -</i>	<i>\$ 3,800,000</i>	<i>\$ (0)</i>
Namibia - PEPFAR		\$ 2,869,216	\$ 1,462	\$ 2,869,216	\$ 0
Philippines-TB		\$ 1,440,000	\$ 231,365	\$ 950,547	\$ 489,453
South Africa, Republic Of - PEPFAR		\$ 8,108,875	\$ 1,388,461	\$ 6,088,183	\$ 2,020,692
		<b>\$ 19,591,091</b>	<b>\$ 1,767,644</b>	<b>\$ 16,957,403</b>	<b>\$ 2,633,688</b>
ACF Surplus/(Deficit)			\$46,596	(\$27,243)	\$27,243
<b>Grand Total</b>		<b>\$ 19,591,091</b>	<b>\$ 1,721,048</b>	<b>\$ 16,984,646</b>	<b>\$ 2,606,445</b>

**Multi-Country Strengthening Pharmaceutical Systems Associate Award  
Cumulative Expenditure activity through March 31, 2012**

Total Funding Received to Date:	\$19,591,091
Total Amount Spent to Date:	\$16,984,645
Pipeline	\$2,606,445
Percent of Funds Spent	86.70%



**SPS Associate Award Expenditures by Quarter by Fiscal Year (in 1,000 \$)**



## COUNTRY PROGRAMS

### Philippines

**Work plan:** Philippines Associate Award    **Year** 2010

**Funding Level:** \$1,440,000.00

#### **Work plan Background**

Since 2007, the Strengthening Pharmaceutical Systems (SPS) cooperative agreement has worked with the Philippine Department of Health (DOH) and associated partners and stakeholders to promote pharmaceutical management best practices. Through country-based initiatives and extended support to partner countries in regional development initiatives, SPS has supported innovative approaches to building requisite competencies to ensure improved access to quality care, support and treatment. Philippines-based Regional Activities In November 2007, SPS conducted a regional Pharmaceutical Management for TB and MDR-TB workshop in Manila that included a rapid assessment of drug management practices for MDR-TB and the development of country-specific improvement plans. The following year, SPS conducted a Pharmaceutical Management for TB and MDR-TB Workshop in the Philippines as part of a five-country workshop series to review country-specific progress in implementing activities to achieve improvement plan objectives and develop a revised action plan. Beginning in 2008, the USAID Regional Development Mission for Asia (RDMA) asked SPS to participate in the formation of a regional model center for multi-drug resistant tuberculosis (MDR-TB) at the Tropical Disease Foundation in the Philippines; in collaboration with the WHO Western Pacific Regional Office (WPRO), the U.S. Center for Disease Control (CDC), the Philippine DOH and the USAID/Philippines mission. SPS participated in meetings with partners to develop the model and determine the plan of action for establishing a regional center in the Philippines as a model for other potential centers throughout the region. In preparation for a proposed seven- country assessment to review participating model center country needs, SPS assisted in developing the assessment tool and conducted an analysis of country strengths, weaknesses, obstacles and threats (SWOT) to evaluate pharmaceutical management competencies and identify gaps in capacity. Forward progress on the model centers initiative was postponed indefinitely with the withdrawal of TDF from the partnership. Country-Specific Activities Since 2007 SPS has participated in both the Global Drug Facility (GDF) and Green Light Committee (GLC) monitoring missions to the Philippines as well as the expedited Green Light Committee technical assessment of the MDR-TB treatment and management component of the Global Fund grant. Recommendations from the GLC demonstrated a need for the National TB Reference Laboratory (NTRL) to increase its leadership and management and human resources capacities to effectively perform its role as manager of the laboratory network. Also in 2008, SPS began developing a Philippine-specific version of e-TB Manager for programmatic management of drug-resistant TB (PMDT). The adaptation of e-TB Manager also required technical assistance to the Tropical Disease Foundation (TDF) --the Global Fund Principle Recipient at the time responsible for the care and management of drug-resistant TB patients-- to strengthen drug management practices and reporting for MDR-TB. Subsequent to the transfer of the Global Fund grant from TDF to the Philippine Business for Social Progress (PBSP), oversight of and technical responsibility for the e-TB Manager in the Philippines also transferred to the DOH. Despite the potential for significant barriers to progress, implementation of the e-TB Manager continues to move forward. MSH and the NEC negotiated and signed a memorandum of understanding (MOU) in May 2010 relating to the technology transfer of the tool in time to pilot the Philippine version of the program at the end of June. Most recently, SPS has worked with stakeholders within the DOH, NTRL, WHO/WPRO and USAID/Philippines to facilitate the transfer of PMDT activities from TDF to the DOH. To expedite the transfer, SPS has been requested to develop

a set of interventions and capacity building measures in the areas of management of TB-related medicines and supplies, diagnostic laboratory system strengthening, and management information systems (MIS) for the NTP. Intervention objectives, achievements to date and associated activities are outlined in the sections that follow.

<b>Activity Title:</b>	Provide support to an e-TB Manager users training in pilot facilities		
<b>Activity Lead:</b>	Doumbia, Seydou	<b>Activity #:</b> 2	<b>Task:</b> A077 <b>Subtask:</b> TBPH1002
<b>Activity Description:</b>	In accordance with additional commitments associated with this activity, SPS will: (1) Complete all feature adaptations and adjust minor program errors in preparation for finalizing and validating the pilot version of the e-TB Manager tool. (2) Provide support to an e-TB Manager users training at three pilot treatment facilities and make any subsequent required minor adjustments. (3) Provide e-TB Manager training materials to the NEC for adaptation and pre-training modification. Materials include a user manual, trainers manual and training modules.		
<b>Budget:</b> \$92,321.00	<b>Start Date:</b> Oct 2010	<b>End Date:</b> Sep 2011	
<b>Products Planned:</b>	Training materials.		

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<b>Reporting Period:</b>	1 January 2012-31 March 2012		
<b>Activity Progress:</b>	SPS conducted several conference calls with MSH/SPS eTBM team and updated the eTBM Developers Manual. Staff supported NEC on eTBM bug fix and integrates customizations, including: customizations on culture results page, customizations on microscopy page, customizations on case close page, bug fix on case edit page, and bug fix on build page. SPS performed several maintenance support activities on the eTBM, made corrections and improvement in eTBM production codes, and coordinated transition of software from eTBM to ITIS. Staff conducted several meetings with the IMS team. Lastly, SPS supported the LCP Laboratory in migration of data form.		
<b>Barriers to Progress:</b>	Customization of eTBM halted by the IMS starting March 2012. End of contract of NEC personnel assigned to eTBM. No staff was hired for eTBM after the close out of project in NEC. End of long term support for eTBM.		
<b>Next Steps:</b>	Continue collaboration with eTBM developers in Arlington, Ukraine, Indonesia and Brazil. Continue site specific and remote support for corrections and improvements of eTB Manager. Discuss next steps and plans with IMS for 2012 and continue providing support to DOH NTP staff. Improve data integrity and continue supporting PMDT program and NTP during transition period to new software. Provide technical support to IMS in transition of data sets and development of ITIS. Provide LCP documentation of the migration of data from their MS Access database to eTBM.		

<b>Activity Title:</b>	Conduct national level TOT using adapted training materials.		
<b>Activity Lead:</b>	Doumbia, Seydou	<b>Activity #:</b> 3	<b>Task:</b> A077 <b>Subtask:</b> TBPH1003
<b>Activity Description:</b>	During the pilot phase of e-TB Manager's implementation, SPS will continue to provide programmatic and IT technical support remotely to country counterparts to ensure potential barriers to scale-up are addressed in a timely manner. In addition,		

SPS will regularly monitor the case and drug management modules to ensure operations are being conducted according to protocol and effectively troubleshoot challenges that might arise from misapplication of tool capabilities. Following the completion of the pilot, SPS will conduct a national level training-of-trainers (TOT) to support the countrywide implementation of e-TB Manager.

**Budget:** \$193,195.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Meeting and workshop proceedings. Trip report.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** Training of 11 personnel from Kasaka-QI through their self-initiative.

**Barriers to Progress:** End of support for eTBM.

**Next Steps:** Continue to provide technical support to facilities, as needed.

**Activity Title:** Develop an M&E tool for treatment centers and warehouses where e-TB Manager is implemented.

**Activity Lead:** Doumbia, **Activity #:** 4 **Task:** A077 **Subtask:** TBPH1004  
Seydou

**Activity Description:** To strengthen country capacity to track program processes and outputs and measure intervention results, SPS will assist the DOH to develop an M&E tool for TB treatment centers and central warehouses where e-TB Manager is implemented, beginning with the pilot facilities.

**Budget:** \$65,925.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** M&E tool.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** No M&E activity in this quarter due to changes in plans. Survey conducted during the PMDT PIR to evaluate eTBM users and utilization.

**Barriers to Progress:** M&E of eTB manager would not be financed by the PBSP anymore with the transition of eTBM to ITIS. Decreased support for eTBM.

**Next Steps:** Technical assistance on data accuracy and completion prior to the transition of eTBM to ITIS. Share survey results with stakeholders and provide technical inputs and advice.

**Activity Title:** Work with the NTP to collect accurate assumptions, select tools and methodologies, and quantify and validate the forecast.

**Activity Lead:** Doumbia, **Activity #:** 5 **Task:** A077 **Subtask:** TBPH1005  
Seydou

**Activity Description:** Although participants in the Pharmaceutical Management for TB and MDR-TB course were mostly successful in completing their task to forecast the annual order for medicines from the GLC, the complexities of forecasting in the short-term will make accuracy a continuous challenge. To assist the country in navigating probable obstacles as well as strengthening local capacity through on-the-job training in

quantification and forecasting of second-line medicines, SPS will: (1) Work with the NTP to collect accurate and timely forecasting assumptions for the new and existing patient projections including integration of new standard treatment regimens, numbers of new patient cohorts and existing individual regimens. (2) Use tested tools and methodologies to quantify the medicines based on the assumptions and projections. (3) Validate the assumptions and calculations with the NTP, LCP and central medical stores in preparation for placing the order with the GLC. (4) Implement adjustment recommendations from the validation session as appropriate. (5) In accordance with the order schedule provide some assistance with the procurement of second-line medicines from the GLC.

**Budget:** \$80,166.00    **Start Date:** Oct 2010    **End Date:** Aug 2011

**Products Planned:** Forecast. Trip report.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** SPS continued support to LCP PMO in the forecasting of second-line drugs. Staff worked with LCP PMO in the quantification of SLD for 2012 and 2013 drug requirements and assisted in the resolution of impending stock-outs (Cm) and overstock (PAS) by coordinating to local and international partners. SPS worked with LCP and PBSP in the justification to LFA, GF and WHO and, successful transfer of Capreomycin vials from Indonesia. SPS conducted supervised monitoring at TALA/DJNRMC MDRTB Treatment Center.

SPS coordinated with NTRL point person in the development of SOP for laboratory supplies and supported in the development of NTRL Guidelines on New Diagnostics and NTRL Strategic Plan until 2015, particularly in the logistics and supplies management.

**Barriers to Progress:** Difficulty in collecting accurate and timely reports from warehouses, MDRTB Treatment Centers and Satellite Treatment Centers. Difficulty in coordinating schedules of monitoring visits with LCP and CHD Offices. High turnover of experienced pharmacists in the MDRTB Treatment centers. NTRL Point person for the laboratory supplies management has too many responsibilities.

**Next Steps:** Continue support to LCP PMO in the forecasting of SLDs and follow-up of orders from PBSP in the status of drug orders. Support LCP in the report preparation for the upcoming GLC visit. Schedule and conduct more supervised monitoring to MDRTB Treatment Centers, Satellite Treatment Centers and Drug Warehouses. Conduct Pharmaceutical workshop among pharmacists and drug-point persons of the MDRTB Treatment centers. Schedule meetings with NTRL point person and collect information on the selection and actual consumption of supplies.

**Activity Title:** Coordinate with the DOH working groups to develop or update policies for incorporation into a draft MOP

**Activity Lead:** Doumbia,                      **Activity #:** 6    **Task:** A077    **Subtask:** TBPH1006  
Seydou

**Activity Description:** SPS will facilitate the development of a MOP for pharmaceutical management of TB

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and MDR-TB medicines in collaboration with the DOH, WHO/WPRO and PBSP. The objective of the manual is to strengthen the technical and/or management capacity to select, procure, distribute or rationally use second-line medicines within the DOH. Accordingly, SPS will conduct the following activities this year: (1) Develop an action plan and timeline in which to complete the activity. (2) Work with the DOH and partners to establish working groups to develop policies or address policy conflicts as needed — relative to areas of pharmaceutical operations including selection, procurement, distribution and rational use. (3) Develop a draft framework for the pharmaceutical management MOP, to address current and projected issues. (4) Conduct a validation workshop to collect stakeholder inputs and finalize the manual in preparation for roll-out. (5) Conduct a TOT to begin implementation of the MOP. (6) Monitor the progress of implementation and provide TA as necessary and requested.

**Budget:** \$159,928.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** MOP.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** PSM MOP was finalized and submitted to DOH and PBSP by the writers.

**Barriers to Progress:** None.

**Next Steps:** None.

**Activity Title:** Conduct a validation workshop to finalize the draft and a TOT for product roll-out.

**Activity Lead:** Morley, Sharri    **Activity #:** 7    **Task:** A077    **Subtask:** TBPH1007

**Activity Description:** SPS will facilitate the development of a MOP for pharmaceutical management of TB and MDR-TB medicines in collaboration with the DoH, WHO/WPRO and PBSP. The objective of the manual is to strengthen the technical and/or management capacity to select, procure, distribute or rationally use second-line medicines within the DoH. Accordingly, SPS will: (1) Conduct a validation workshop to collect stakeholder inputs and finalize the manual in preparation for roll-out. (2) Conduct a TOT to begin implementation of the MOP. (3) Monitor the progress of implementation and provide TA as necessary and requested.

**Budget:** \$194,202.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** MOP. Workshop proceedings.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** Coordinate with MOP writers and ensure policies and point persons are available for their reference in the writing of the draft. Provide inputs and technical comments on the MOP draft developed by the writers.

**Barriers to Progress:** PSM MOP was not approved by DOH for roll-out.

**Next Steps:** Conduct pharmaceutical workshop to pharmacists and drug point persons. Development of job aids for use in the MDRTB Treatment Centers and Satellite Treatment Centers.

<b>Activity Title:</b>	Build leadership and management capacity through conducting a leadership and management training program.
<b>Activity Lead:</b>	Doumbia, <b>Activity #:</b> 8 <b>Task:</b> A077 <b>Subtask:</b> TBPH1008 Seydou
<b>Activity Description:</b>	Based on findings from a May 2010 assessment of the NTRL's organizational structure and capacity with respect to their mandate, SPS will build management and leadership capacity by conducting a Leadership and Management Development program for lab managers and their teams from central and intermediate levels. The program will assist managers in developing organizational capacity and enabling them to address operational challenges, improve TB laboratory performance and achieve measurable results. The program includes: (1) Four workshops (three-days each)--conducted in a concepts building series and offered to the selected laboratory management teams over a 9-12 month period. (2) In each of the workshops, teams will be introduced to the field-validated leading and managing practices. (3) In the period between each workshop, teams apply these practices, to address and make progress on their selected operational challenge.
<b>Budget:</b> \$352,548.00	<b>Start Date:</b> Oct 2010 <b>End Date:</b> Sep 2011
<b>Products Planned:</b>	Workshop proceedings. Technical report. Trip report.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** The Quezon City Team continued to provide technical guidance to the community management group (BTBMC) that they organized. The following results were seen: (1) BTBMC is holding regular monthly meetings under the guidance of the QC team to monitor implementation of their plans, and discuss operational concerns. (2) Activities of community volunteers (Treatment Partners) are now planned and organized. A senior volunteer has been designated as their leader and their activities are monitored by the BTBMC core team. There are only 10 active volunteers in the area but for the month of February, they were able to identify and refer for examination 33 TB symptomatic, 5 of whom were diagnosed as smear (+) TB cases. The five were put on treatment. (3) As a result of the partnership with community NGOs and the Barangay leaders, three facilities have been designated as specimen collection and smearing stations to complement the existing microscopy laboratories in Payatas. These stations are intended to improve access to microscopy services in the area. However, no volunteer has been identified to work in the smearing station at this time. (4) Because of the improved coordination of activities among the service providers in Payatas, one of the private practitioners in the area is now referring patients to the public health centers and is now following the DOTS protocol. Patients from this private clinic are now being reported to the public health office. Six TB suspects were referred to the public health centers, of which, five were diagnosed as TB and were then put on treatment. (5) A private pharmaceutical company (UNILAB) was engaged by the BTBMC to explore the holding of a values formation seminar for the BTBMC core team and its volunteers. (6) There is now sharing of resources among the different providers. An example is the decision of one of the BTBMC members (German Doctors Foundation) to allow its TB Diagnostic Committee to

receive referrals from the other providers in the area. Another example is the decision of another BTBMC member (Gawad Kalinga) to allow the use of its facility as a smearing station.

With SPS guidance, the Manila LMDP team conducted (in January and February 2012) group discussions with community volunteers and other health workers in their target area to identify the reasons why the volunteers stopped working in the labs. Based on these discussions, they were able to identify the problems and developed solutions. Manila reported in March that they have managed to reduce the turnaround time for sputum microscopy to less than four days.

There were no substantial activities conducted in NTRL and LCP relative to their LMDP action plans. This was due to the many activities in their lab related to the drug resistance survey, and to the completion and inauguration of their newly established laboratories. SPS provided technical advice in the implementation of the second national TB drug resistance survey particularly in monitoring and solving problems encountered in the implementation. SPS also provided inputs to ongoing discussions related to the development of the PhilHealth benefits package for MDRTB patients.

**Barriers to Progress:** NTRL's backlog in DST continues to occupy much of the staff's time. LCP: lack of team members who can work with the current team.

**Next Steps:** SPS will continue mentoring activities for the LMDP Teams; efforts will be exerted in harmonizing schedules. Conduct orientation of BTBMC core team members in leadership and management practices (Q3). SPS will assist the Manila team to assess the lab performance in District 1 (Q3) and validate the results of their interventions. SPS will help LCP expand its current LMDP team. Assist NTRL develop strategies to address regional lab network issues. Continue assistance to NTP in other program-related activities on ad hoc basis.

**Activity Title:** Review NTRL's human resources needs and develop a plan to strengthen human resources capacity.

**Activity Lead:** Doumbia, Seydou **Activity #:** 9 **Task:** A077 **Subtask:** TBPH1009

**Activity Description:** MSH will assist the NTRL in reviewing, identifying gaps and strengthening capacity to manage human resources within the laboratory network, which will include the following activities: (1) Conducting a review of the NTRL human resource needs required to carry out its mandate for national TB lab services. Determine the number of positions and their respective functions. (2) Use the findings of the review to assist the NTRL to develop a human resource plan including a revised organizational chart and to provide justification for new positions and associated budget.

**Budget:** \$75,858.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Human resources strengthening plan.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** The draft HR report was submitted on February 2012 and the draft finance and HR

reports were submitted for comments to USAID and NTP. Presentation of the assessment results did not push through in Q2 because of scheduling problems among RITM and DOH personalities. They are planned for April, 2012. SPS coordinated USAID national level support (through MSH/SPS and TB LINC) to NTP laboratory network in collaboration with NTRL/RITM. Staff organized a technical working group to develop the guidelines and strategic plan. SPS provided technical leadership in working group's meetings and discussions.

**Barriers to Progress:** Difficulties in coordinating schedules of key personalities in RITM and DOH.  
Difficulty in getting NTRL full participation in the group's activities

**Next Steps:** Hold separate briefing sessions in Q3 for RITM/NTRL, and for DOH and other partners. Discuss jointly with USAID, NTRL/RITM, and DOH the possible TA for NTRL and lab network based on reports' recommendations. Continue to lead the development activities and complete the draft guidelines and strategic plan. Present draft guidelines and strategic plan to NTP and other technical partners by end of Q3.

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## South Africa

**Work plan:** South Africa Associate Award    **Year** 2010

**Funding Level:** \$8,108,764.00

### Work plan Background

Since 2003, the RPM Plus Program, and then the SPS Program have provided technical assistance in pharmaceutical management to the Government of South Africa at the national, provincial and local levels. The goal of this assistance has been to strengthen the capacity of pharmaceutical services to improve access to and use of health commodities for the treatment and care of those affected by HIV/AIDS. Under PEPFAR, implemented activities have included conducting a rapid assessment of PMTCT services to identify gaps and target interventions to improve the management of PMTCT medicines and promote the use of new PMTCT guidelines. SPS also developed quantification models for HIV/AIDS products and trained staff accordingly. These models are specifically tailored to the South African national standard treatment guidelines for HIV and AIDS, TB, PMTCT, and post-exposure prophylaxis. SPS also trained several hundred health workers in pharmaceutical supply management and pharmacy personnel in all provinces in HIV/AIDS management.

In support of medicine safety, SPS developed and conducted pharmacovigilance training programs and provided technical assistance in pharmacovigilance implementation at national and provincial level, especially to the KwaZulu-Natal province. SPS developed a tool for monitoring patient adherence to ARVs that the National Department of Health (NDoH) has adopted for nationwide implementation and which was incorporated into the national standard treatment guidelines. MSH also supported rational medicine use through our assistance to DTCs at provincial and institutional levels. These committees now play a key role in promoting compliance with standard treatment guidelines, reviewing drug use practices and expenditures, developing provincial medicine formularies and assigning prescriber levels. SPS also supports the update of standard treatment guidelines, development of formularies, and training of workers on rational use.

To address the critical issue of AMR, SPS helped strengthen the infection control program within the NDoH's Quality Assurance Directorate and seconded a deputy director for infection control to this directorate. SPS also developed and implemented an infection control assessment tool and capacity-building programs in nine provinces, initiating the national rollout of the infection control program. In response to HIVRB, MDR-TB, and XDR-TB objectives, SPS provided assistance and training in TB drug supply management, monitoring adverse drug reactions for MDR-TB, and implementing infection control strategies to address TB drug resistance.

The SPS Program also provided support to government organizations, such as the Medicines Control Council and Pricing Committee, and to statutory organizations, such as the South African Pharmacy Council, to address a wide range of policy issues including development of staffing norms for pharmaceutical services, standards of pharmacy practice, regulations and norms for dispensing practices, and policies and legislation to reduce the price of medicine and to improve medicine availability to communities. In addition, MSH helped develop and implement pharmaceutical management indicators in support to the provinces' mandate to improve quality of services to support the national quality improvement initiative.

<b>Activity Title:</b>	Provide technical assistance related to the USG ARV procurement.
<b>Activity Lead:</b>	Nwokike, Jude <b>Activity #:</b> 2 <b>Task:</b> A077 <b>Subtask:</b> PEZA1001
<b>Activity Description:</b>	Provide technical assistance related to the USG ARV procurement, to support health

personnel managing expanding ART services at all levels. Deploy ARV monitors at provincial depots and 1 SPA at the NDoH, train depot and facility staff in quantification and inventory management, assist the NDoH to implement routine monitoring system for ARVs, provide clinical updates on HIV and AIDS, and provide on-site mentorship of pharmacists and pharmacist's assistants.

**Budget:** \$3,000,000.00 **Start Date:** Sep 2010 **End Date:** Sep 2011

**Products Planned:** ARV monitoring tools. HIV and AIDS training material.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** During this period, a reporting template based on the agreed indicators was finalized and introduced. Reporting was done by the ARV Monitors using the template. The results per outcome for this quarter are summarized below. It was reported that 90% of ARVs (including test kits), 67% of TB medicines (including isoniazid), 85% of vaccines and 91% of chronic tracer medicines were available at depot level. It was reported that 80% of tracer medicines as per applicable EDL (ARVs, TB medicines and others) were available at facility level. The maximum stock-out duration of any ARV at depot level during this quarter was 28 days, 44 days for TB and 33 days for vaccines. The percent of full orders received from suppliers within contractual lead time at depot level was 63% for ARVs, 86% for TB medicines and 82% for vaccines.

The value of accounts outstanding for longer than 30 days at month end (depot level) could not be established. Due to a lack of access to certain information fragmented reports were received on supplier performance reports, the value of stock written off or disposed off quarterly at depot level (expired, damaged, obsolete) and the value of stock received during the last quarter with an expiry date of less than 12 months.

8 reports on space utilization were received (1 from North West (NW), 3 from Kwazulu-Natal (KZN), 3 from Eastern Cape (EC), and 1 from Limpopo province (LP).

72 facility visits were undertaken (13 in NW, 3 in KZN, 10 in EC, 13 in Mpumalanga (MP), 3 in Gauteng (GP), 16 in the Northern Cape (NC), and 14 in the Western Cape (WC). This number equates to 30% of the targeted 240 facilities (8 per ARV Monitor per month). This was due largely to other operational imperatives.

It was found that 63% of facilities visited had an updated computerized or manual stock control system in place, of which 54% had a stock control system that showed minimum and maximum or re-order levels. 23% of facilities visited recorded the number of medicines out of stock on a daily basis. 51% complied with procedures relating to the management of medicines at a facility level (as per the National Core Standards). In 35% of facilities visited physical stock corresponded to stock on the inventory management system (basket of drugs as per NCS). In 91% of facilities visited, a stock take was done in the last 12 months.

Improved quantification of medicine: 67% of provinces used the national quantification tool with 78% of provinces utilizing a system to determine the number of patients per ARV regimen. 9 out of 10 depots submitted complete reports of acceptable quality (stock on hand, order and issues) within the agreed time frame.

Improved quality of pharmaceutical services, availability of financial oversight information and quality of pharmaceutical services: Reporting was very fragmented and no clear picture could be formed on these outcomes.

In GP, the weekly updated overstock database was sent out to all institutions via the Medical Supplies Depot Customer Care Centre. Institutions with more than 2 back orders of Tenofovir were contacted and it was recommended that unnecessary quantities on the back order be cancelled. The MURs were for Zidovudine solution and Indinavir were submitted. The quantities of ARVs issued to the institutions from MSD during 2011 were analyzed per district, per level of care and per institution. Using simple calculations, the percentage of patients on second-line regimen per institutions were deducted. The quantities of Efavirenz 600mg versus the total quantity of Lamivudine tablets were also analyzed. The results of this analysis were presented to the Director of HIV and AIDS & STIs; the presentation triggered a series of follow-up actions, including: (1) a presentation by Pharmaceutical Services to a PEPFAR Partners meeting. (2) A visit to the City of Johannesburg (COJ) Langlaagte Depot which revealed overstocking of LPV/r. A recommendation was made to review the number of patients on second-line and to advertise the extra stock on the overstock database. (3) A visit to the COJ district to address the high consumption of Efavirenz in some CHCs. A meeting was organized with the district pharmacist to raise awareness on the problem and ask her to strengthen stock control in those specific facilities.

A consultant was contracted to assist the Directorate: Affordable Medicines to develop specifications for the outsourcing of the warehousing of ARV buffer stocks at the national level. Several meetings were held with him and the Directorate. The central warehousing of ARV buffer stocks is a Global Fund requirement as part of their support with the financing of ARVs.

**Barriers to Progress:** None.

**Next Steps:** Improve reporting against the agreed indicators.

**Activity Title:** Technical Activity Coordination.

**Activity Lead:** Putter, Susan      **Activity #:** 1      **Task:** A077      **Subtask:** PEZA10TC

**Activity Description:** This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

**Budget:** \$241,800.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** Meetings of the Clinical and DSM clusters took place during this reporting period. The meetings looked at preparatory activities for the year, updates on SIAPS, development of work plans on the updated SPS work plan and planning for the SIAPS launch and HOPS meeting, as well as other administrative issues. The MSH/SA HIV and AIDS and TB Workplace Policy was developed and shared with management from both SPS and BLC for comment. It is currently awaiting final review and approval.

In Limpopo (LP), a meeting was held with the interim management of Pharmaceutical Services. The plan of activities was finalized and shared with the acting HOPS. Office space was secured in Polokwane and the lease agreement signed. Quotations were obtained for office furniture. In the Northern Cape (NC), the training calendar was finalized, in conjunction with Pharmaceutical Services and the Regional Training Centre (RTC). In the Free State (FS), a PEPFAR Partner's Forum Meeting was attended in March. The adherence tools and manual were shared for potential collaboration. A meeting arranged with partners by the PEPFAR Liaison Officer for the Political Officer from the US Consulate was attended on March 28, 2012.

In KwaZulu-Natal (KZN), a decision has been taken to host a pharmacy conference later in 2012. The SPA was co-opted onto the task team and requested to provide assistance in planning for the conference.

The Regional Launch of SIAPS in the Southern African Region was held in Johannesburg from January 30- February 3, and was attended by representatives of SPS SA. A workshop was held on February 16-17 with all the Heads of Pharmaceutical Services in the provinces and the Metros to launch SIAPS in South Africa. In February, a preparatory meeting was held for the SIAPS SA Strategic Planning workshop planned for March. The meeting reviewed the work plan, input provided by the provinces and Metros at the launch of SIAPS in SA, and work commenced on a draft organogram. The SIAPS SA Strategic Planning Workshop was held on March 19-20 in Johannesburg. The SIAPS Program Director: Kofi Nyame-Aboagye and Deputy Project Director Gladys Tetteh were present.

**Barriers to Progress:** None.

**Next Steps:** Work with NDoH to finalize document with models of service delivery for pharmaceutical services with legislative implications and infrastructure requirements.

**Activity Title:** Support measures to improve governance with regard to compliance with standards for pharmaceutical services

**Activity Lead:** Putter, Susan      **Activity #:** 3      **Task:** A077      **Subtask:** PEZA1002

**Activity Description:** Tasks planned under this intervention include: implement Pharmacy Quality Improvement Initiative (PQII); orientate health care providers on the legislative and standard requirements; collaborate with Office of Standards Compliance to implement Core Standards for Health Establishments, Support pharmaceutical depots in the North West and Free State to enable licensing by the Medicines Control Council

**USG Sub-element:** HIV/AIDS: Health System Strengthening

**Budget:** \$196,178.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** In Gauteng (GP), TA was provided with National Core Standards (NCS) assessments of the main pharmacy and ARV pharmacy of three Academic Hospitals namely Charlotte Maxeke, Chris Hani Baragwanath and Steve Biko. The assessments were done in collaboration with the Provincial Policy Specialist for Compliance, thus building capacity on NCS at the central office-level. The results of the assessment were reported to NDoH. Stock management, patients' understanding of their medicine, as well as dispensing record keeping are the main areas where corrective actions are needed. Recommendations in this regard were made to the Pharmacy Manager and Drug Controller.

Agreement was reached with the National Department Health (NDoH) that SPS/SIAPS could prepare a proposal for the review of the National Drug Policy (NDP). Work was subsequently done on the NDP Review Proposal. A meeting was held to which a number of private consultants were invited. The purpose of the meeting was discuss the draft proposal and to invite them to join the SPS-led team that proposed to do the assessment and review of the NDP. After comments have been incorporated in the document, it will be submitted to NDoH for guidance and approval.

In the Northern Cape (NC), a “dummy” pharmacy inspection was carried out at the Pharmaceutical Depot at the request of the Responsible Pharmacist. A report containing the findings and recommendations was compiled and submitted. A post inspection will follow to evaluate progress made. A support visit was undertaken to the newly revamped pharmacy at the Galeshewe Day Hospital (GDH) in Kimberley (NC). TA will be provided to the pharmacist with regard to registration with the South African Pharmacy Council (SAPC) and the training of pharmacy support personnel.

In the Eastern Cape (EC), TA was provided to facilitate the compilation of reports for the EC In-Service Training and Brainstorming sessions held in November and December 2011, respectively. The In-Service report is near completion whilst the Brainstorming report requires further input. A Community service pharmacists (CSPs) induction was also held in the province. The evaluation report highlighting strengths and weaknesses was compiled. Documentation of activities is under way.

The ZP402 supplementary papers in pharmacy law and ethics for Nelson Mandela Metropolitan University were marked.

**Barriers to Progress:** There is a technical issue with the DHIS database for the NCS, as new results cannot overwrite assessments done previously at the same institutions. This prevents a more comprehensive report and analysis. The responsible person at NDoH is working on the problem.

<b>Next Steps:</b>	None.
<b>Activity Title:</b>	Provide technical assistance at the national and provincial levels to develop staffing norms, pricing guidelines, standard operating procedures, and standards for pharmaceutical care
<b>Activity Lead:</b>	Sallet, Jean- Pierre <b>Activity #:</b> 4 <b>Task:</b> A077 <b>Subtask:</b> PEZA1003
<b>Activity Description:</b>	Tasks planned under this intervention include: establish policies and procedures promoting good governance, transparency, and accountability, developing scope of practice, qualification and standards for supervision of the mid-level pharmacy technician cadre; determine staffing norms for pharmaceutical personnel; develop strategy for pharmacy human resource requirements for the next 10 years; provide technical support to the Pricing Committee of the National Department of Health, including contributing to technical meetings, international bench marking, and pharmaco-economic evaluations, and reviewing research and policy documents; assist to develop, review, revise and implement standard operating procedures for pharmaceutical services and adapt them for use at facility level.
<b>USG Sub-element:</b>	HIV/AIDS: Health System Strengthening
<b>Budget:</b> \$169,356.00	<b>Start Date:</b> Oct 2010 <b>End Date:</b> Sep 2011
<b>Products Planned:</b>	None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** In the North West (NW) all the SOPS needed for the depot have been drafted and submitted to Pharmaceutical Services for finalization and approval. District pharmacists and selected pharmacy managers reviewed the NW SOPs for hospital and clinics with guidance and support from SPS.

The launch of the HR plan for pharmacy of the South African Pharmacy Council was held on February 24, 2012. SPS had provided comprehensive technical assistance in the drafting of the document, which includes an analysis of the current pharmacy human resource situation in the country, trends over the last 10 years and recommendations to address pharmacy human resource challenges. Various presentations were made including a presentation on the resources that would be required by the country's pharmacy schools in order for the intake of undergraduates and output of pharmacists to be increased. Plans for a Section 21 company that would raise funds with government and the private sector for pharmacy HR were also announced.

A request for technical assistance and financial support for the training of pharmacy support personnel in the Northern Cape (NC) was received. The document was reviewed and suggestions made for further consideration by the NC Head of Pharmaceutical Services.

A meeting was attended in the Eastern Cape (EC) regarding training of pharmacist's

assistants, in line with PHC re-engineering. The SPA was requested to collate a human resources database for the province including pharmacies, pharmacists and pharmacist's assistants in the province (data source = SAPC register). The plan is to identify persons who need training, as well as training sites and tutors.

TA was provided to the Director: Affordable Medicines of the National Department of Health (NDOH) in addressing challenges relating to the prescribing of medicine by the new category of health care worker, namely clinical associates, registered with the Health Professions Council of South Africa. A meeting was subsequently held with the Registrar of the Medicines Control Council and a proposal made as to how prescribing of medicines in the Primary Health Care Essential Medicines List by clinical associates, could be enabled in terms of the Medicines and Related Substances Act 101 of 1965.

A workshop held at the Nursing Council, and attended by representatives of the Nursing Council, South African Pharmacy Council and the NDoH was attended at the request of the Director: Affordable Medicines of the NDOH. The purpose of the workshop was to make proposals regarding draft regulations entitled *Regulations relating to the keeping, supplying, administering, prescribing and dispensing of medicine by nurses* published in terms of the Nursing Act 33 of 2005. Suggestions were made as to how the regulations could be redrafted in order to address challenges in the prescribing and dispensing of medicines by nurses in the absence of medical practitioners and pharmacists. It was agreed that the Nursing Council would redraft the regulations based on the input provided and circulate the document to the group for further comment.

A follow up meeting was held with the Infrastructure Unit of the NDoH as a follow up to the IUSS project meeting held at the CSIR in December. It was agreed that SPS would assist NDOH in the development of models of pharmaceutical service delivery. The models would be based on the principles of re-engineering of Primary Health Care in the country, and would be used to identify legislative changes needed to enable the provision of pharmaceutical services, as well being used in the development of norms and standards for the physical infrastructure needed.

**Barriers to Progress:** None.

**Next Steps:** Develop draft document of models of pharmaceutical service delivery for discussion.

**Activity Title:** Promote the development of public-private partnerships and participation of civil society, statutory bodies in the management of pharmaceutical services (incl. MCC, SAPC, etc?)

**Activity Lead:** Steel, Gavin      **Activity #:** 5    **Task:** A077    **Subtask:** PEZA1004

**Activity Description:** Tasks planned under this intervention include: facilitate partnerships with business groups and civil societies to enhance social commitment for improving pharmaceutical infrastructure and services; assist South African Pharmacy Council in the development of key policy and standard frameworks (staffing norms, standards and regulations)

**USG Sub-element:** HIV/AIDS: Health System Strengthening  
**Budget:** \$187,940.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** Work was done with the South African Pharmacy Council (SAPC) on the development of a proposal to review the pre-registration year (pharmacist internship). The review will address both the process followed as well as the method of assessing competence of interns prior to registration as pharmacists to perform community service. A draft proposal was prepared and submitted to the SAPC for review by the relevant task team.

After complaints were received by the SAPC regarding the results of the pre-registration examination conducted in January, two papers were re-marked at the request of Council and comment on the paper and the markings were prepared.

In the Western Cape (WC) support was provided in the application of the staffing norms model which is currently being tested. TA also continued in the work on the policy framework for the provision of pharmaceutical services by private providers on behalf of the province. This work is a collaborative effort between Pharmaceutical Services and other departments in the province including the Business Development Unit, Supply Chain Management, Information Management as well as the Metro (City of Cape Town).

**Barriers to Progress:** None.

**Next Steps:** None.

**Activity Title:** Update quantification model, tools, and approaches for HIV/AIDS, PMTCT, STIs, TB, OIs, and PEP in accordance with new guidelines and train national and provincial pharmacy and procurement staff in routine quantification and supply planning

**Activity Lead:** Sallet, Jean- Pierre **Activity #:** 6 **Task:** A077 **Subtask:** PEZA1006

**Activity Description:** Tasks planned under this intervention include: to use the SPS program developed quantification models for products used in HIV/AIDS (both adult and pediatric), sexually transmitted infections, TB, opportunistic infections (OIs), PMTCT, and post-exposure prophylaxis (PEP); update the quantification models to ensure their compatibility with the most recent standard treatment guidelines; train pharmacy and procurement personnel on how to use these models to determine quantities needed and in monitoring quantifications against actual consumption to ensure that they are on track; share the quantification models with other NDoH partners (e.g., SCMS and Clinton Foundation) and work with them to harmonize the models; develop other product- specific models for other priority diseases as needed.

**USG Sub-element:** HIV/AIDS: Health System Strengthening  
**Budget:** \$280,196.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** No quarterly quantification meeting was held during this quarter at the request of the National Department of Health (NDoH), with greater emphasis being placed on monitoring of use and follow-up with non-performing suppliers. Support was given to NDoH to improve supplier monitoring, as supplier reporting is currently sub-optimal and the existing tool requires improvement. Support and provincial efforts have been concentrated on addressing supply challenges (TDF and RHZE are still major challenges) and quantifying needs for other pharmaceutical supply contracts.

Technical support was given to quantifying products to be procured through the Global Fund and the Central Procurement Unit. Work is in progress to compile an improved guideline on the use of the Quantification Tool, including how to determine meaningful assumptions from available consumption data in order to populate the tool. In Limpopo (LP) a quantification support visit took place at Pietersburg Hospital in Polokwane. Analysis of the hospital quantification data was undertaken to assist the facility.

**Barriers to Progress:** Impact of stock-outs on usage patterns (TDF, ABC tablets, RHZE, and INH tablets). Serious supply challenges after conclusion of PEPFAR donation stock brought increased demand, with suppliers being unable to cope. Last quarter of financial year, non-payment of suppliers, accounts on hold, and non-delivery of stock in at least 4 provinces.

**Next Steps:** Supplier meetings and a national quantification workshop are planned for May 2012. Monitoring use against estimates per province and finalization/roll-out of revised supplier monitoring tool. Once information is available on latest guidelines and registered fixed dose combinations revise quantification tool to accommodate latest information.

**Activity Title:** Build capacity for appropriate ordering, receiving, storage, and inventory management of medicines at national, provincial, and site levels.

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 7    **Task:** A077    **Subtask:** PEZA1007

**Activity Description:** Tasks include: provide pharmaceutical management training to pharmacists, pharmacist's assistants, nurses, facility managers, training coordinators, and clinic supervisors on basic pharmaceutical supply management skills, including forecasting, procurement, storage, and distribution of medicines and supplies. Participants will be trained to identify critical issues that affect services, recognize areas for improvement, and plan for improvement; assist provinces and districts to address issues related to pharmaceutical supply management at the facility level by conducting site visits to promote proper ordering, storage, receiving, inventory management, and disposal of expired products. This activity will build staffs skills in managing ARVs and other HIV/AIDS-related commodities and will empower them to identify and address system challenges.

**USG Sub-element:** HIV/AIDS: Health System Strengthening

**Budget:** \$0.00      **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** In North West (NW), training on medicine supply management (MSM) was conducted in the Dr. Kenneth Kaunda District (40 participants). The training was a collaborative effort between SPS and pharmacists from the district who assisted in the facilitation thereof. Each participant had to submit an intervention/improvement plan on MSM to the District Pharmacist. Facilities will be visited by the district pharmacists to assess and check on progress after 2 months. A stock availability audit was conducted in the Bojanala District in the province. Data capturing and validation are underway. It is anticipated that the report will be finalized by June 2012. TA was provided at Swartruggens Hospital (NW) on the management of expired and unusable stock. The Pharmacy Manager is now able to successfully extract unusable stock, and link all the NSN (stock) numbers and prices.

Technical support was provided to Limpopo Province (LP) where management of the Provincial Depot is being taken back by the province. It was previously outsourced to a private company. A detailed implementation plan was developed and is being followed closely. Both the Provincial and the National Department of Health have expressed appreciation at the technical support being provided by SPS.

TA continued to be provided to the Mpumalanga (MP) Integrated Chronic Disease Management (ICDM) pilot project in Bushbuckridge. This included compiling a report of a rapid assessment of the facilities rendering pharmaceutical services, developing an implementation plan, drafting a service level agreement (SLA), making two presentations on the findings, recommendations and dispensing models, visiting the facilities in the sub-district, meeting with the provincial Pharmaceutical Services Team, revisiting the assessment report, preparing a progress report, developing a CDU implementation plan and meeting with the NDoH representative. It is planned to present the new CDU model at the next meeting in the province.

Technical assistance was provided to KwamHlanga hospital in MP. Hospital pharmacists can now perform most of the activities (including reports) on their stock control system.

In the Northern Cape (NC) planning for the post intervention assessment on medicine availability continued. Data collection forms have been developed and submitted to Pharmaceutical Services for comment. It is planned to train the data capturers from May 2-4, and start the data collection from May 14-18, 2012. In the NC site visits took place in the Namaqua district in collaboration with the ARV monitor. TA on MSM was provided to PHC nurses and areas of improvement were communicated to the nurses and the district pharmacist. A total of six primary healthcare facilities were also supported in terms of MSM practices in the Vaalharts sub-district, Frances Baard district in the NC.

A PHC Re-engineering workshop was attended at the Medical School, University of Pretoria. Contacts have been initiated with the HOPS and district pharmacists in Eastern Cape, LP, NC and NW provinces for SIAPS involvement in the national health insurance (NHI) pilot districts.

**Barriers to Progress:** None.

**Next Steps:** None.

**Activity Title:** Support the Ministerial Task Team on Medicines Procurement, Participate in NHI subcommittee on procurement

**Activity Lead:** Pharasi, Bada    **Activity #:** 8    **Task:** A077    **Subtask:** PEZA1008

**Activity Description:** Tasks to be implemented include: continue support to the Ministerial Task Team on Medicines Procurement to assess the public sector procurement system with a view toward supporting new approaches to procure pharmaceuticals cost-effectively; collaborate with the NHI Advisory Committee's Goods Procurement Subcommittee to review best practices worldwide and contribute to the development of a sound procurement system for NHI.

**USG Sub-element:** HIV/AIDS: Health System Strengthening

**Budget:** \$408,541.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** Meetings of the Logistics Fee Task Team (LFTT) of the Pricing Committee of the National Department of Health (NDOH) were attended during this reporting period. The logistics fee was due to be gazetted for final comment by the Minister of Health in March.

Ongoing technical support was provided to the National Department of Health (NDoH) in the take-over and management of pharmaceutical contracts as they come up for renewal. Two new contracts as well as two re-tenders were concluded during this reporting period, viz. HP04, Oncology Agents and HP05 part 1: Contrast Media (both for two years starting April 1, 2012), and supplementary tenders for previously non-awarded TB Medicines and Anti-Infective Agents. Support included work on contract estimates, reference price list, and special conditions of tender and technical support for contract documentation. Technical support has also been provided towards four other tenders, which are at the open bid and evaluation stages.

Technical support was given to applications received from suppliers for price adjustments. Substantive technical support was also given on drafting tender conditions and resolving quality testing constraints with respect to the surgical sutures contract, which is still managed through National Treasury.

The Ministry has instructed that the tender for solid dosage forms should be designated to favor domestic production. Work is in progress to facilitate this process.

**Barriers to Progress:** Currently working mostly in Excel so there are continuity and version control challenges. Shortage of staff capacity at NDoH, although new staff members have

recently joined the team.

**Next Steps:** Improve response document for tender documentation. Database to be developed for bid information capture.

**Activity Title:** Provide technical assistance for the establishment of appropriate pharmaceutical systems to support specialized programs such as TB at the provincial and national levels

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 9      **Task:** A077      **Subtask:** PEZA1009

**Activity Description:** Use existing training materials to build the capacity of pharmacy and nursing personnel in addressing pharmaceutical management issues related to TB including integration with HIV/AIDS, medicine interactions, rationale for changing ART regimens in the presence of TB, assessing tolerance to TB drugs, adherence to ART and TB treatment, and counseling; collaborate with the NTP to develop and implement safety surveillance systems to reduce medicine-related morbidity and mortality at MDR/XDR treatment sites and develop a framework to conduct focused surveillance of MDR- and XDR-related adverse drug reactions at sentinel sites.

**USG Sub-element:** Tuberculosis: Drugs for the Treatment of TB

**Budget:** \$395,110.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** The draft terms of reference for the TB Pharmaceutical Management Assessment were developed and finalized in a meeting with USAID and the National Department of Health (NDoH). The consultancy opportunity was advertised in the press with a closing date of February 24, 2012. Four proposals were received. Of these, Pure Health Consulting (PHC) was preselected as the preferred service provider. A briefing meeting has since been held with PHC. The contract will be finalized by HQ. It is planned that the results of the assessment will be available by July 2012. The data collection tools for the collection of background information for the study in the PMTB manual were reviewed and submitted to PHC.

One TB DSM training was held in the Free State (FS) (30 participants) and two in Gauteng Province (GP) (45 participants). The first GP training addressed facility based issues in TB DSM. It was well attended by facility staff, TB coordinators for each region and pharmacists. The second DSM training in the province was aimed at managers of pharmaceutical services, TB programs and HAST. Issues relating to the management of TB DSM in the province were addressed.

A National TB Quarterly meeting held on February 29 and March 1 was attended. The purpose of the meeting was to finalize work plan activities for TB to be included in the new National Strategic Plan 2012-2016 (NSP). TB DSM training, support for logistics systems for TB/MDR TB medicine supply are some of the opportunities for support which are included in the plan. The NSP was subsequently launched on World TB Day on March 24, 2012.

A SADC TB Partnership meeting held on March 7-8 in Johannesburg was attended. The purpose of the meeting was to present the status report on TB in the SADC region, present the results of consultations in the country on TB in the mines, and prepare a draft declaration on TB in the mining sector to be adopted by the SADC Ministers of Health later this year.

SPS SA received a request from HQ to assist in field testing adapted guidelines for implementing DURs for second line TB medicine programs in hospitals for National TB Programs. Two meetings were held with NDOH regarding the request and to map the way forward including identification of facilities and permission required. Although NDoH was willing for the field testing to be conducted in SA, there were challenges with timeframes as this project needed to be completed before the end of SPS. In addition the necessary permission needed to be obtained before any data collection or field testing could be conducted. It was subsequently decided that the field testing would be done in Kenya in the first two weeks of April.

The World TB Day plenary meeting hosted by the Northern Cape (NC) TB Directorate was attended. Educational materials including hand hygiene posters were submitted to the Directorate for distribution to various health facilities in province.

SPS was informed that USAID was auditing all recipients of TB funds for the period October 2011 to January 2012. The required documentation was prepared. SPS SA was subsequently informed by the TB Program Officer of USAID SA that SPS would not form part of the audit, as only organizations which received much larger funding were to be audited.

SPS was informed by USAID that additional funding of \$500,000 was available for TB activities in the country. SPS would be conducting a TB pharmaceutical management assessment nationally, on behalf of NDoH. This would inform the work plan going forward. An enquiry was made as to whether there would be more funding for FY12 to support implementation of activities identified by the assessment. A submission to motivate for the request was prepared and submitted in March 2012.

**Barriers to Progress:** Under SIAPS, the focus for TB DSM training will be on training of trainers. It was requested that at least 2 trainers attend workshops to familiarize themselves with the materials. Trainers did not attend the second GP training.

**Next Steps:** None.

**Activity Title:** Strengthen the role of pharmaceutical and therapeutics committees and monitor their performance to ensure appropriate selection and use of medicines

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 10    **Task:** A077    **Subtask:** PEZA1011

**Activity Description:** Tasks to be implemented include: support pharmaceutical and therapeutics committees carry out interventions in their facilities including developing and implementing standard treatment guidelines, formularies, and good selection

practices; provide ongoing guidance to committee members on the use of evidence-based principles for selecting drugs; assist PTCs monitor prescribing patterns and successfully roll out revised standard treatment guidelines at the provincial and the institutional levels. Other tasks to be implemented include: updated and disseminated rational use training materials for the provincial departments of health for use in their future trainings; provide technical assistance to the Northern Cape Department of Health's Clinical Resource Center at Kimberly Hospital; respond to requests for developing medicine information units in other provinces; implement other rational use interventions planned by pharmaceutical and therapeutics committees including the application of adherence tools.

**USG Sub-element:** HIV/AIDS: Health System Strengthening  
**Budget:** \$227,862.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** The assignments from the PTC training conducted in the previous quarter in the Northern Cape (NC) and Mpumalanga (MP) provinces were assessed.

In GP, the ABC analyses of 4 tertiary hospitals and 2 regional hospitals were reviewed as part of the Rational Medicine Use sub-committee report, in preparation for the next Provincial PTC meeting to be held in May. A deeper analysis will follow to determine medicines which require a DUR. A meeting of the North West (NW) Provincial PTC was attended. A copy of the MOU between the Department of Health and the University of North West has been sent to the HOD for signature. In terms of the MOU the university will assist the province with activities to support the rational use of medicine and the analysis of reports from RxSolution. In the Free State (FS), TA was provided to the provincial PTC.

With regard to formulary development, the MP medicines formulary was finalized and submitted to counterparts for comment. Quote are being awaited for printing and then distribution. In the NC, the formulary was discussed during the Pharmaceutical Services Strategic Planning meeting. It was agreed to update the provincial code list before moving to the formulary. A team consisting of the provincial PTC members and SPS/SIAPS will work on both the code list and the formulary. In the Eastern Cape (EC) 60% of the products identified for the EC Formulary have been assigned tentative prescriber levels.

In the EC, a PTC overview session was conducted for PharmD students in the East London Health Complex. Presentations focused on functions, roles and responsibilities of a PTC as well as revitalization of a PTC.

Data collection for the close-out report has been completed. Further updates from Gauteng (GP) were requested and completed. The main challenge was slow response from provincial SPAs in reconfirming data submitted before inclusion in the report

and non-uniformity of data collected. A decision has been taken to finalize the report with the data on hand.

Work continued on the draft frameworks and the outline of the CPM concept paper on pharmaceutical care. TA was provided to the Clinical Resource Centre (CRC) in Kimberly in the NC, with the renewal of subscriptions for journals and books.

**Barriers to Progress:** Challenges with data for PTC close out report.

**Next Steps:** There is a need to conduct a workshop for the East London Hospital Complex PTC.

**Activity Title:** Assist NDoH expand its infection control program with interventions at the national and provincial levels

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 12    **Task:** A077    **Subtask:** PEZA1013

**Activity Description:** Reducing nosocomial infections reduces the volume of antimicrobials used, which helps slow the spread of AMR. Tasks to be implemented include: support the rollout of Infection Control Assessment Tool (ICAT) in collaboration with the Quality Assurance Directorate; support the training-of-trainers' workshops to strengthen the national infection control program; review the national infection control guidelines and policies, including TB infection control, and promote infection control policies and procedures, including developing posters and other IEC materials.

**USG Sub-element:** HIV/AIDS: Health System Strengthening

**Budget:** \$232,314.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** The foreword for the Infection Control Assessment Tool (ICAT) manual was prepared and submitted to the Quality Assurance Directorate of the National Department of Health (NDoH). The signatures of the Minister and/or the Director General are awaited.

In the Northern Cape (NC), two meetings took place with the Quality Assurance (QA) Directorate to discuss the infection control research project proposed by the province. It was agreed that QA would write the proposal which should be ready by 10 April 2012.

A meeting was also held in Limpopo (LP) with the Quality Assurance Directorate. Infection Prevention and Control (IPC) activities in the province had been moved from the QA directorate to Nursing Services and then to Environmental Health.

**Barriers to Progress:** Challenges in LP with regard to leadership in IPC activities in the province.

**Next Steps:** None.

**Activity Title:** Strengthen pharmacovigilance at the national and provincial levels

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 14    **Task:** A077    **Subtask:** PEZA1015

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Pierre

**Activity Description:** Tasks to be implemented include: collaborate with the MCC, NDoH, PDoH, and other stakeholders to assess South Africa's medicine safety system using the indicator-based pharmacovigilance assessment tool (IPAT); assess findings to develop and implement medication safety systems at health facilities around the country; support KwaZulu-Natal's pharmacovigilance program as laid out in the existing memorandum of understanding between the PDoH and SPS including support for the subcontract for the electronic data collection tool for pharmacovigilance system; develop systems to analyze and use data generated from the cohort event monitoring study and other pharmacovigilance activities for decision making; collaborate with other stakeholders to identify and evaluate priority safety issues related to the use of ARVs and TB medicines; develop capacity for active surveillance activities and using pharmacovigilance data to inform the review of treatment guidelines and make regulatory decisions.

**USG Sub-element:** HIV/AIDS: Health System Strengthening

**Budget:** \$755,905.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** A meeting was held with the National Pharmacovigilance (PhV) Officer at the National Department of Health (NDoH), to discuss SPS support to the PhV Unit. A third consultant as per the previous agreement on human resources (HR) support to the unit has been identified and is in the process of being recruited. The PhV unit has still not yet finalized areas other than HR for SPS/SIAPS support.

The draft report of the IPAT assessment of the Pharmaceutical Industry was received for review and final editing in March 2012. The plan is to have it ready in time for the Africa Pharmacovigilance Conference to be held in Nairobi from April 18-20, 2012.

Data collection for the IPAT assessment in the public sector has been completed in most provinces including Limpopo (LP), North West (NW) and the Northern Cape (NC), although there are some outstanding facilities especially at community health centre (CHC) and primary health care (PHC) level. The final cut off for data collection was set for March 30, 2012. The interview with the National PhV coordinator was completed, although information on some key questions is still to follow as the unit did not have the necessary documentation at hand at the time of the interview.

In Kwazulu-Natal (KZN), a steering committee meeting was held on the Academic Project. The main focus was the data cleaning exercises underway at each facility with this work being undertaken by the Study Coordinator, Data Manager and Data Capturer from the Sentinel Surveillance project. A biostatistician has been recruited to analyze the data and has raised a number of issues relating to data quality. The last three data capturers have been laid off, as a decision was taken to stop data collection

at facility level, pending initial analysis and the report of the biostatistician. The work plan of the statistician was discussed and a timeframe for completion of preliminary analysis set.

The Head of Pharmaceutical Services in KZN granted permission to the SPA to access the data from Sentinel Site Surveillance and undertake the analysis and report writing. It was found that the data base has not been updated for over a year. Efforts are now underway to update the database before analysis can be done.

**Barriers to Progress:** The National PhV unit does not seem to have a structured plan for execution of activities to strengthen ARV programmatic PhV. In the IPAT assessment in the public sector, approvals in Limpopo, North West and Mpumalanga were received very late. There were challenges with telephone/fax and email contacts with some facilities. Sometimes although appointments were secured for data collection, the person to be interviewed would be absent on the appointed day. At a national level, some information was not available as it was deemed to be confidential.

**Next Steps:** None.

**Activity Title:** Implement computerized systems for drug supply and patient management at facility level and strengthen capacity for the use of pharmaceutical information

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 15    **Task:** A077    **Subtask:** PEZA1016

**Activity Description:** Tasks to be implemented include: provide support to existing sites using the RxSolution; collaborate with PDoH and other counterparts to identify health facilities for the roll out of RxSolution; develop skilled users who will provide support and assist end-users in utilizing the tool's functionality and ensure the sustainability of the use of the tool.

**USG Sub-element:** HIV/AIDS: Health System Strengthening

**Budget:** \$892,496.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** With regard to system development, maintenance of the OVC database application is continuing. The planning and design stage of the integration project with five local service providers is complete. The integration for the dispensing machine (ROWA) has been postponed. The data warehousing project with pilot sites in North West (NW) is ongoing.

In NW, RxSolution implementation and support continued with user meetings being held every second month. Support was provided for an induction workshop for the community service pharmacists (CSPs). Topics covered during the workshop included among others, updating the provincial medicine list based on the national core standards, Diflucan monthly reporting using RxSolution, and usage of RxSolution generated reports for decision making.

In the Free State (FS), training and support is ongoing. Advanced sites identified as champions for RxSolution, have been notified of their status. The latest audit on functional Sites in the province showed a 76% improvement in functionality. Additional sites have indicated interest in starting to use the dispensing module. Three training workshops were held in the province in Kroonstad and Bloemfontein (33 participants).

The roll-out in the Eastern Cape (EC) is ongoing. New requests for RxSolution implementation have come in and been recorded. Two workshops were held in the province in the Camdeboo sub-district and in Grahamstown (29 participants). TA continued to be provided at Elizabeth Donkin Hospital following a baseline assessment on RxSolution indicators focusing on medicine supply management. Shelving requested was received and fitted. Further TA will be provided. TA was provided at Cecilia Makiwane Hospital with arrangement of bulk stock to facilitate medicine supply management. Limited progress has been made thus far, with challenges having been identified but not yet addressed.

No progress was made with the implementation of RxSolution at provincial sites in Gauteng (GP), as a result of delays on the side of the counterpart. The pilot roll-out at Helen Joseph Hospital in partnership with Right To Care and Therapy Edge continued. Work continued with Aurum institute to deploy RxSolution at their facilities. In Tshwane Metro, setting up the regimen and protocols for users is ongoing.

A national RxSolution super user group has been setup and the first meeting was held during this reporting period. The meeting was a success and provided an opportunity for users to share experiences and knowledge. The users will help with the future improvement of RxSolution by offering advice on which direction the system should take.

Site Deployment: There are currently 188 Sites with RxSolution/RxStore installed within SA. Of these 124 are fully functional. 29 are managed by the City of Tshwane and are completely self-sustainable. 41 sites are partially functional or in the process of being installed. 23 sites are in the process of follow up and reactivation.

**Barriers to Progress:** Personnel constraints are the major challenge in the facilities where RxSolution is deployed: some have no permanent staff while others have a high rate of staff turnover. Computer hardware is not adequately protected with anti-virus application. Availability of computers and label printers in the FS is a problem.

**Next Steps:** None.

**Activity Title:** Provide support to national and provincial pharmacy staff on monitoring and evaluation of pharmaceutical services

**Activity Lead:** Putter, Susan      **Activity #:** 17      **Task:** A077      **Subtask:** PEZA1018

**Activity Description:** The SPS program will: provide assistance at the national and provincial levels to review and develop performance indicators that monitor pharmaceutical services,

especially related to HIV/AIDS and TB; provide training on basic principles of monitoring and evaluation and on how to apply these principles to collect routine data (e.g., availability of tracer drugs) and improve pharmaceutical services; collaborate with the Office of Standards Compliance to improve quality of patient care in public sector institutions.

**USG Sub-element:** HIV/AIDS: Strategic Information  
**Budget:** \$171,109.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** In the Northern Cape (NC), support was provided to Pharmaceutical Services in the organization of the strategic planning meeting. Topics covered included the SIAPS project, the medicine availability assessment survey, the medicines formulary for the province, pharmacovigilance, human resources issues affecting Pharmaceutical Services, the provincial depot and district specific matters. A strategic plan was developed, including indicators and an M&E plan.

In the Western Cape (WC), assistance was provided in the planning, coordination and facilitation of a Pharmaceutical Services Management Team Strategic Workshop which took place on 7 March. The objectives of the workshop were to: (1) Explore the implications of the new provincial approach to the provision of health care; *Health 2020* for Pharmacy Services in the Western Cape. (2) Reach agreement on the draft Results Framework for Pharmacy. (3) Define the roles and responsibilities of various role players in Pharmacy Services, namely Provincial Level (programs, Chronic Dispensing Unit, Cape Medical Depot, Policy Specialists, and IT Policy Specialist), Managers of Pharmaceutical Services (MPS) and Responsible Pharmacists (operational). (4) Determine the need for and role of a coordinating structure at provincial level in Pharmaceutical Services. (5) Plan the way forward.

The objectives of the workshop were achieved and a draft report of the workshop prepared and submitted to the province for comment.

In the Free State (FS), a workshop was held to do further work on the provincial M&E framework. In Gauteng (GP), a Provincial Turnaround Strategy Workshop was held for the Department of Health in the province on March 1-2, 2012. TA was provided in the facilitation of the working groups looking at Pharmaceutical Services. Key challenges were identified and solutions proposed.

**Barriers to Progress:** None.

**Next Steps:** Provide TA in finalizing actions arising from the WC strategic workshop and finalize the results framework and indicators for the province.

**Activity Title:** Dissemination of lessons learned and results

**Activity Lead:** Sallet, Jean- Pierre **Activity #:** 18 **Task:** A077 **Subtask:** PEZA1019

**Activity Description:** Support the sharing of results and best practices including participation in related local and international conferences for SPS staffs and NDOH and PDOH staffs

**USG Sub-element:** HIV/AIDS: Health System Strengthening

**Budget:** \$204,355.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** Work was done on the January-March 2012 edition of the SPS South Africa newsletter. Submissions relating to the Financial Management workshop held in Gauteng and the workshop held in Pretoria with the Heads of Pharmaceutical Services to launch SIAPS in South Africa were made to the MSH Friday Forward newsletter. The annual SAAHIP conference held at the Champagne Sports Resort in the Drakensberg in KwaZulu-Natal was attended by representatives of SPS. A paper and two posters of work done by the first PLDP group in Gauteng were presented at the conference.

Eight abstracts were submitted for the Global Health Council conference and the International AIDS Conference to be held in Washington USA in June 2012.

The Q1 SMS reports were completed. The Q1 report for the local mission was completed and loaded on the new Patient Information Management System (PIMS). Further input was provided on the Common Indicator Survey.

**Barriers to Progress:** None.

**Next Steps:** None.

**Activity Title:** TA for appropriate pharmaceutical systems to support HIV/AIDS

**Activity Lead:** Sallet, Jean- Pierre **Activity #:** 19 **Task:** A077 **Subtask:** PEZA1020

**Activity Description:** Provide clinical updates on HIV and AIDS, provide on-site mentorship of pharmacists and pharmacist's assistants

**USG Sub-element:** HIV/AIDS: Treatment/ARV Drugs

**Budget:** \$357,621.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** Work continued with the development of the online HIV training course. This work involved converting additional full text modules, preparing PowerPoint presentations on TB and HIV/TB integration, and preparing free text questions (based on the challenge model) for each module. A survey was conducted with 280 health care providers who had participated previously in the HIV/AIDS Pharmaceutical Management course to assess the level of interest in online training. It was found that 90% of respondents would welcome online training and thought it would be feasible,

while only 10% felt there might be problems with Internet connectivity. A pilot of the online training was planned for February 27- March 2, 2012. The first contact session for the on-line training was held on March 16 (9 participants).

In the Western Cape (WC), an ATB HIV course held by I-TECH was assessed by SPS at the request of the province. It was felt that the training methodology was not sound as it was based mainly on an algorithmic approach and the 5 day course was too long.

In Gauteng (GP), a research protocol entitled: *What are the reasons for switching ART patients (adults and adolescents) to second-line regimen in public healthcare setting in Gauteng?* was prepared and submitted to Pharma-Ethics at the end of March for ethical approval. The protocol received full support from the Acting Chief Director for Clinical Support Services and from the Director: HIV and AIDS & STIs.

A meeting of the Tshepang Trust Fund, which works in HIV/AIDS and TB prevention, as well as recruiting private medical practitioners to get involved in the treatment of HIV cases was attended.

**Barriers to Progress:** The number of people who registered for the online HIV training course was a little disappointing.

**Next Steps:** None.

**Activity Title:** Strengthen Leadership and Management Skills for Pharmacy Personnel

**Activity Lead:** Putter, Susan      **Activity #:** 20    **Task:** A077    **Subtask:** PEZA1021

**Activity Description:** Strengthen the management and leadership capacity of hospital and district pharmacy managers by developing and conducting a management and leadership course tailored specifically for public sector pharmacy managers. SPS plans to offer the course to pharmacy managers from all nine provinces over the next two years.

**USG Sub-element:** HIV/AIDS: Health System Strengthening

**Budget:** \$43,595.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** None.

**Reporting Period:** 1 January 2012-31 March 2012

**Activity Progress:** Workshop 4 of the PLDP training was held in Bloemfontein for the Northern Cape (NC)/Free State (FS) group (20 participants). The new material for the module dealing with Human Resources was used for the first time. PLDP coaching visits were undertaken for the 3 FS Teams in Bloemfontein, Kroonstad and Bethlehem. A session was held on February 21-22, where 19 participants were coached and mentored on the preparation of the presentations, write-ups and posters. Support was also provided on presentation skills. The challenges addressed by the five teams as well as the measurable results are provided below:

Team	Province	Challenge	Measurable Result
Bona-Bona Team	FS	Rational Use Of Antibiotics	20% Improvement in rational use of antibiotics in the wards of the 4 identified

			hospitals by the end of February 2012
TM-Trio Team	FS	Arv Roll-Out in Thabo Mofutsanyana	100% availability of ARV's required, in 16 identified clinics in Thabo Mofutsanyana by February 2012
Team Mo-the-o	FS	Down Referral System	95% availability of specialized medicine (level 3,4 and 5) in 3 identified institutions in the Motheo and Xhariep districts, on the day the patient presents to collect his/her monthly repeat by the end of February 2012
Three Musketeers	NC	Implementation of a sustainable inventory management system at a PHC clinic in Pixley Ka Seme	100% compliance with measures relating to medicine inventory management systems as per National Core Standards by the end of February 2012
PRN Team	NC	Reporting adverse drug events in the Frances Baard District	20% of facilities in the Frances Baard district reporting adverse drug events by the end of January 2012

As a result of the PLDP, CDs with MSH MDS 3 were distributed to facilities in the FS.

In the Eastern Cape (EC), workshops 1 and 2 took place during this reporting period. There were 23 and 21 participants, respectively. Five teams were formed. Each team identified one challenge in their work place. The challenges to be addressed are the understanding of patients of their medicine, the need for a down-referral system from a district hospital, reducing the value of expired medicine in a tertiary hospital and a primary health care facility, improving the storage of medicine in the wards of seven hospitals and compliance of a rural community health centre, with the National Core Standards. Coaching visits took place with all five groups after Workshop 1.

A new workshop on Financial Management for Pharmaceutical Services was developed, based on the PLDP financial module and MDS e-book. The material was piloted at a workshop held in Gauteng (GP) on February 13-15 (17 participants). Participants were pharmacy managers, drug controllers, district managers and policy specialists. TA was provided to the participants for analyzing and monitoring their expenditure. The new training material was incorporated in PLDP. It can be used as a standalone or within the full PLDP course. A story on this workshop was published in MSH Friday newsletter.

A new workshop on the National Tertiary Services Grant (NTSG) was developed to assist pharmacy managers to give better input into the NTSG business plan for their

institution in order to access funds from this grant. Fifteen participants attended the first workshop held in GP on March 13-14, 2012. Participants were pharmacy managers, drug controllers, clinical managers and finance managers. An action plan was developed at the end of the training. A story has been submitted for the MSH Friday newsletter. Further TA was provided in the province with a list of medicines being compiled from the Gauteng formulary and filtered by level of prescription and the list of departments entitled to the NTSG developed. The list was then compared with the tender price, tender number when applicable as well as single exit price if not on tender. Once finalized, it will be submitted to the 6 tertiary hospitals for review, addition, and approval. Once approved, the list will be communicated to Medical Supplies Depot in the province. Draft guidelines for Budget Management in Pharmacy were developed.

Potential collaboration with the SA Sure project was discussed. The PLDP facilitators participated in the Leadernet Seminar on LDP held in March.

**Barriers to Progress:** None.

**Next Steps:** The final presentations of the FS/NC participants will be held on April 3, 2012. PLDP coaching visits in the EC in April with Workshop 3 planned for May.

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