



**Islamic Republic of Afghanistan
Ministry of Public Health
General Directorate of Pharmaceutical Affairs**

**Coordinated Procurement and Distribution System (CPDS)
Governance Framework**

**Prepared by Task Force
September 2010**

FOREWORD

Ensuring access to safe, effective and quality essential medicines for the people of Afghanistan is one of the main responsibilities and priorities of the Ministry of Public Health of the Islamic Republic of Afghanistan. Availability of essential medicines not only improves the health condition of patients, but also increases the peoples' trust of health facilities and promotes their further participation in implementing MOPH programs.

To responsibly provide an uninterrupted supply of quality medicines to its health facilities, the MOPH still needs the assistance of its national and international partners. Over the past several years, the partners of the MOPH have provided essential medicines for the implementation of the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) throughout Afghanistan.

The MOPH acknowledges the invaluable cooperation and participation of its partners in this area and believes that the establishment of a system reflective of good governance—of which transparency, accountability, and efficiency are cornerstones—would better facilitate the management of partner contributions and in-country resources for optimal support and service to the people of Afghanistan. The Coordinated Procurement and Distribution System (CPDS) exemplifies good governance. The lack of such a system is associated with problems such as duplication of resources, irrational use of medicines, a lack of essential medicines in provinces with greater needs, and large and unplanned quantities of medicines which result in expiration. Furthermore, the existence of various drug management systems among MOPH partners has created several challenges in the management of pharmaceutical affairs.

In the past, necessary systems, skills, and capacities have not been effectively transferred to the relevant drug management sections of the MOPH. If systematically done, such a process will enable the MOPH to develop the requisite skills and competencies in all relevant areas to effectively coordinate and administer the pharmaceutical sector, thereby ensuring adherence and obligation to established standards of operations for the selection, procurement, storage, and distribution of medicines and related health commodities. With the establishment of the CPDS, the MOPH (through the General Directorate of Pharmaceutical Affairs and with technical assistance from its partners) will endeavor to ensure accessibility of essential medicines that are affordable, efficacious, of assured quality, and available at the right time in the right quantities to support the implementation of the BPHS/EPHS packages.

The MOPH intends to gather all donors, nongovernmental organizations (NGOs), United Nations agencies, government agencies, private sector representatives, and other agencies involved in drug procurement and supply of medicines to share their ideas. Therefore, the MOPH in cooperation and agreement with its partners developed and finalized the CPDS governance framework. All agencies involved with procurement and distribution (P&D) of essential and licensed medicines should abide by the principles espoused in the framework and provide practical opportunities for better provision of essential medicines, capacity building, and systems development.

The MOPH wishes to express its heartfelt gratitude to the Task Force for its commitment and dedication in initiating the development of the CPDS governance framework. The members of the Task Force deserve special acknowledgement for their sincere efforts throughout the laborious process of drafting the governance framework. The MOPH further wishes to applaud the respective institutions to which each of the Task Force members belong for their invaluable and relentless support of the Government's efforts to improve the management of the pharmaceutical sector of Afghanistan.

We would also like to express our sincerest appreciation to the Strengthening Pharmaceutical Systems (SPS) program of Management Sciences for Health (MSH) for their technical support, the United States Agency for International Development (USAID) for their financial support as well as to all other institutions and individuals who have contributed to the production of this document.

The MOPH requests all national and international stakeholders to commit themselves to implementing the principles of the governance framework and to ensure that all elements of good governance are truly reflected in the management and coordination of the pharmaceutical sector for the benefit of the people of Afghanistan.

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ACRONYMS AND ABBREVIATIONS

BPHS	Basic Package of Health Services
EPHS	Essential Package of Hospital Services
CIDA	Canadian International Development Agency
CPDS	Coordinated Procurement and Distribution System
CSC	Commodity Security Committee
GDPA	General Directorate of Pharmaceutical Affairs
HMIS	Health Management Information System
JICA	Japan International Cooperation Agency
MIS	Management Information System
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
NGO	Nongovernmental organization
NMC	National Management Commission
P&D	procurement and distribution
SPS	Strengthening Pharmaceutical Systems
TA	technical assistance
TFP	technical focal point [of CPDS committees]
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER 1: BACKGROUND AND PURPOSE OF THE GOVERNANCE FRAMEWORK

Procurement of pharmaceuticals in Afghanistan: current situation

The three major donors providing financial and technical support for the implementation of the Ministry of Public Health (MOPH)'s Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) are the European Union, the United States Agency for International Development (USAID), and the World Bank. These donors provide funds for the procurement of pharmaceuticals, although provision mechanisms and requirements vary by donor. For example, the USAID procurement and storage mechanism is centralized whereas the European Union and World Bank mechanisms are decentralized. Other donors and institutions, such as the Japan International Cooperation Agency (JICA), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), the World Health Organization (WHO), and the Pharmaceutical Enterprise, have individualized processes, protocols, and procedures for procuring pharmaceuticals and health commodities.

Each donor obtains pharmaceuticals and health commodities according to their own procedures for a defined geographic area, and donors are responsible to store the pharmaceuticals upon arrival. Each health facility is supported by a national or international nongovernmental organization (NGO), which ensures the provision of clinical services according to the BPHS and EPHS established by the MOPH. The NGOs distribute pharmaceuticals in the country; they pick them up from donors' stores that are located near the health facility. The NGOs might have other sources of funding and therefore can procure their pharmaceuticals through the private sector (most likely in smaller quantities).

Donors and national institutions do not meet routinely to coordinate procurement and distribution (P&D) of pharmaceuticals and health commodities. The previous US Agency for International Development (USAID)-supported bilateral program created a management information system that included reports on pharmaceutical management. This system has not been expanded nationwide, and its current functionality is unknown. There are no comprehensive P&D guidelines for pharmaceuticals and health commodities at the national level. As a result, it is difficult to provide an overview of the flow of pharmaceuticals in Afghanistan because various P&D subsystems coexist with multiple variations within each subsystem.

Need for a coordinated system: preliminary assessment

The Director of the General Directorate of Pharmaceutical Affairs (GDPA) and the Deputy Minister of Public Health in charge of technical affairs have both expressed interest in establishing a coordinated system during meetings in July 2008 with Management Sciences for Health (MSH)'s Strengthening Pharmaceutical Systems (SPS) Program supported by USAID. "Improving pharmaceutical management" is one of eight priorities in the 2008 MOPH's Health and Nutrition Sector Strategy. The GDPA recognizes the need to significantly strengthen the pharmaceutical sector, particularly in the areas of procurement and distribution of pharmaceuticals. The quality of pharmaceuticals procured nationally is of concern due to lack of confidence on the reliability of suppliers and importation procedures.

In December 2008, the MOPH/GDPA, with technical assistance (TA) from MSH/SPS, identified initial steps to advocate for a Coordinated Procurement and Distribution System (CPDS). As a first step, two international experts from SPS/Washington and SPS/Rwanda collaborated with local SPS staff in Kabul and met with representatives from key stakeholders such as the European Union, JICA, UNICEF, UNFPA, and WHO. The need for a coordinated effort to ensure consistency and standardization among the

various entities currently responsible for P&D of pharmaceuticals was acknowledged. Through these meetings, GDPA and SPS collected basic information on the current P&D mechanisms in Afghanistan and completed an assessment from January to March 2009. The questionnaire created for the assessment endeavored—

- To better understand the roles of the different stakeholders in the system and how they perceive their role
- To identify strengths, weaknesses, and possible risks of the current system
- To explore coordination needs from a technical perspective

SPS developed the initial draft of the questionnaire, which GDPA reviewed and approved. The questionnaire consisted of four major components—selection; quantification; procurement; and inventory management, storage, distribution, and management information systems (MISs). The questionnaire was then adapted to suit the circumstances of each stakeholder. Separate questionnaires with appropriate items were drafted for donors, pharmaceutical enterprises, central medical stores, and NGOs. Staff from the GDPA and SPS formed the interview team and administered the questionnaires.

An initial list of 21 stakeholders was identified for interviews, which began in late January 2009 and ended in early March 2009. The World Bank and European Union recommended additional stakeholders to be interviewed, which GDPA and SPS conducted. Finally, information from the thirty questionnaires was compiled in a spreadsheet and analyzed. The major finding is the co-existence of parallel P&D mechanisms based on priority diseases and/or health conditions. The parallel systems are a result of insufficient regulations for pharmaceutical management, unclear roles and responsibilities of local institutions involved in pharmaceutical supply, inadequate resources (e.g., human resources, infrastructure, etc.), insufficient management of pharmaceuticals for priority diseases, and pressure to achieve program targets.

The risks and problems caused by the coexistence of various P&D mechanisms are several—for example, managing several central stores, different reporting mechanisms for different stakeholders (with the same information), incomplete/fragmented MIS, work overload and confusion at the central stores and facility levels, keeping independent stocks of the same pharmaceutical products for different donors and sources, and picking up pharmaceuticals from different stores for the same health facilities—and result in a waste of human, financial, and other resources. Further, there are no economies of scale (advantageous prices for high volumes of medicines) because of the increased cost of the pharmaceuticals and the time taken to purchase, store, and distribute the same pharmaceutical products. Additional challenges are stock outs and faster expirations of pharmaceuticals caused by fragmented quantification and procurement and inaccurate estimation of pharmaceutical products. Moreover, irrational use of pharmaceuticals for the same medicine in different formulations can create confusion for prescribers and dispensers, e.g., amoxicillin syrup at 200 mg/5 mL and 250 mg/5 mL.

The first roundtable for the CPDS

On May 3, 2009, GDPA with technical and financial support from SPS organized the first stakeholders' roundtable to present the information gathered from the interviews. The goal was to advocate for and obtain buy-in of the CPDS concept among the major stakeholders in Afghanistan involved in P&D of pharmaceuticals. The objectives of the first CPDS roundtable were to—

- Present the roles and structures of the most important institutions of the pharmaceutical system, which are the GDPA, the Pharmaceutical Enterprise, and the Central Medical Stores
- Understand P&D and the roles of national and international stakeholders
- Seek opportunities for mutual collaboration and coordination, understand what coordination can and cannot do, and identify models for establishing a CPDS mechanism in Afghanistan

At the end of the roundtable, the participants recognized the importance of coordination and proposed solutions to major problems in P&D. Dr. Kakar, the Deputy Minister of Technical Affairs/MOPH, was appointed President of the CPDS. A 12-member taskforce, representing the GDPA, donors, national and international NGOs, public hospitals in Kabul, and various ministries, was established. SPS was requested to provide the necessary TA. Subsequently, a term of reference for the taskforce was developed, and a chairperson was nominated to lead the establishment the CPDS in Afghanistan. The immediate objective of the taskforce was to develop the Governance Framework that would support the CPDS in Afghanistan.

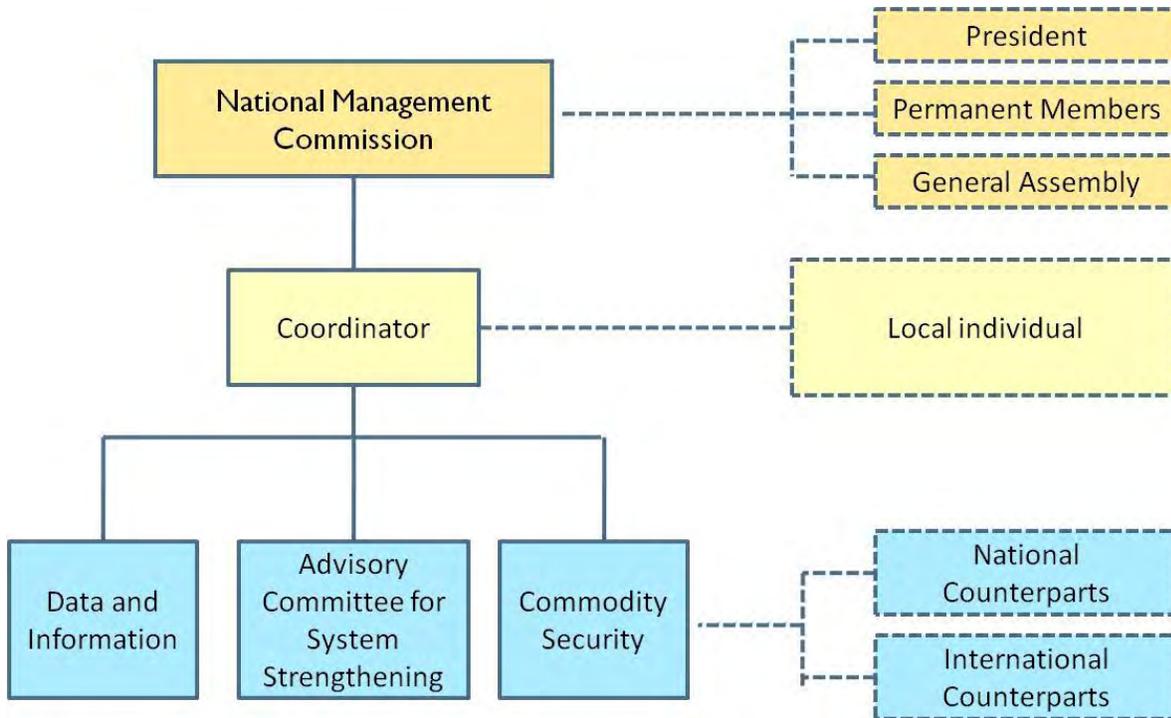
Purpose of the Governance Framework

An uninterrupted supply of pharmaceutical products is required to ensure the provision of clinical services according to the BPHS and EPHS. This is possible only if an adequate system is in place with guidelines and procedures that define the procurement, distribution, and storage of pharmaceuticals and health commodities.

The CPDS is an initiative of the MOPH/GDPA that aims to establish good governance of the pharmaceutical system and clearly define the roles and responsibilities of the different partners. Based on the model chosen by the participants in the first roundtable, different committees will be created to reinforce the system.

CHAPTER 2: STRUCTURE AND GOVERNANCE OF THE CPDS

The proposed structure of the CPDS (below) was chosen by the stakeholders in the first roundtable organized by the MOPH/GDPA in May 2009. The National Management Commission (NMC) is headed by the President and consists of Permanent Members and a General Assembly. The role and responsibilities of the NMC are described in Chapter 3. The Coordinator will be independently recruited and seconded to the MOPH and will serve as a liaison between the NMC and the various committees in the CPDS.



The following principles for the CPDS have been proposed—

- Preconditions for success
- Conditions and procedures for joining or leaving the CPDS
- Principles for optimization of human and financial resources
- Principles for procurement & distribution
- Principles for procurement in emergency situations
- Principles for pharmaceutical donations
- Principles for management Information Systems
- Principles for monitoring and reporting systems
- Principles for CPDS surveillance

Preconditions for success

Given that the CPDS is a system with many partners, the roles and responsibilities of each national, international, and government institution must be clearly recognized. For the CPDS to be successful, donors should commit to releasing funds as needed for planned activities and for a potential annual quantification exercise. CPDS will determine the conditions and period to release these funds.

The CPDS needs to have an independent Coordinator who will be in charge of the coordination of the technical committees with the NMC. The Coordinator should be fully integrated in MOPH and be supervised by the President of the CPDS, the Deputy Minister of Technical Affairs. To ensure the integrity of the CPDS, a five-year strategic plan should be developed. However, every year, an annual operational plan based on the strategic plan should also be developed. The Coordinator will ensure that the activities are done according to the NMC's approved strategic plan.

Conditions and procedures for joining or leaving the CPDS

To avoid disruptions caused by members joining or leaving the CPDS, some general procedures are required. The Coordinator should meet with all the Permanent Members and technical leaders to determine these procedures.

Criteria and procedures for joining the CPDS

- All stakeholders should be involved in the P&D of pharmaceuticals in Afghanistan
- Application for membership must be submitted to the NMC and addressed to the President
- Official document to submit—letter of request to join the CPDS, a copy of the memorandum of understanding signed with the MOPH, and a plan of work that shows their involvement and support in procuring and distributing pharmaceuticals in Afghanistan; each stakeholder must have effectively contributed to supporting the NMC's mandate
- The Coordinator should provide an orientation for each new member and as well as relevant documentation, such as the letter granting membership, the CPDS governance framework, strategic and annual work plans, and guidelines for P&D
- The NMC should facilitate the process for joining the CPDS; the new member should receive a formal letter within 15 days after the request is received by the Coordinator
- The MOPH should inform the NMC regarding new members at least 3 months in advance
- If a new member joins CPDS before a new procurement cycle, the contribution of the new member will be reviewed on the basis of the number of facilities to support and available funds; the requirements that were defined in the provision of financial resources will also be reviewed

Criteria for leaving the CPDS

- Members who decide to leave must inform the NMC at least 3 months in advance
- The stakeholder must submit proper reasons or justification for leaving
- The NMC should facilitate the process for leaving the CPDS

How the NMC should maintain the quality and efficiency of the system

- Establish clear technical, financial, administrative, and analytical reporting mechanisms
- Provide timely feedback and information to the different committees in order to maintain and improve performance
- Approve the terms of reference prepared by the Coordinator for conducting surveillance and external audits
- Develop strategies as needed
- Provide financial support for administrative expenditures if necessary
- Commitment, contribution and support by the NMC

Principles for optimization of human and financial resources

To perform the activities within the CPDS, it is important that all stakeholders agree to provide the necessary human and financial resources to support the system.

Criteria for provision of human resources

In the proposed CPDS, work will be accomplished by the committees, such as the Data and Information Committee, the Advisory Committee for System Strengthening, and the Commodity Security Committee. However, the CPDS will not pay any salary to the staff working in different committees because the members represent a range of stakeholders committed to a common cause. The following are the conditions under which stakeholders will provide human resources for the functioning of the CPDS—

- According to the requirements of the system
- Without any expectation of incentives
- Commitment
- Good knowledge and expertise
- Based on a memorandum of understanding between the stakeholders and the MOPH to support the system

To discontinue providing human resources, the stakeholder should inform the system at least three months in advance with appropriate justification.

Criteria for provision of financial resources

The provision of financial resources depends on the ongoing commitment of the stakeholders (based on their mandates) and the sustained political will and commitment of the MOPH. Provision of financial resources needs to be—

- Harmonized with stakeholders and according to the requirements of the system
- Ongoing to ensure the sustainability of the system
- Based on a memorandum of understanding between the stakeholders and the MOPH to support the system
- Based on the request of MOPH for support of priority intervention areas

If the stakeholder wishes to discontinue financial support, at least three months notice with proper justification must be provided.

Financial support for different committees in the CPDS

Each committee will develop and determine work plan(s) with associated budget(s) and will submit them to the Coordinator for review and finalization. Subsequently, the Coordinator will present the work plan(s) to the NMC. However, work plan activities that do not have a significant budgetary implication will be submitted to the NMC, but will not require formal approval for implementation. Work plan activities with significant budgetary implication will be submitted to the NMC and will require formal review and approval; in addition, the plan should specify the source of the required financial support. The Coordinator will be responsible to follow up any decision made by the NMC and ensure availability of funds to support the work plan activities of the committees through official communication and commitment of stakeholders.

Principles for procurement and distribution

The consensus is that the lack of national guidelines for P&D of pharmaceuticals has caused chaos in Afghanistan. Parallel P&D activities by different donors and institutions have resulted in a lot of waste or duplication of human and financial resources. Additionally, this situation results in pharmaceutical product shortages, expiration, and losses. National guidelines are needed to strengthen P&D in Afghanistan. The rationales for these guidelines are—

- There are no standards or guidelines for the procurement of small equipment, consumables, and health commodities other than pharmaceuticals
- National and international donors and NGOs use their own individual regulations and policies for P&D. Donors and NGOs work in a very task-oriented manner in P&D, and there is no sharing of P&D data among stakeholders
- There is no formal communication among donors, NGOs, and GDPA regarding P&D of pharmaceuticals and health commodities at the national level
- There are doubts concerning the reliability of suppliers and importation and distribution procedures
- Customs clearance procedures are very long and bureaucracies in different governmental institutions present hurdles

Other challenges exist such as lack of access to remote areas, security problems, and lack of proficiency in distribution. The CPDS is expected to develop interventions for a comprehensive, technical, and coordinated distribution mechanism at the national level. The national P&D guidelines will need to include selection, quantification, procurement, storage, and distribution. Certain elements specific to P&D are—

Procurement:

- All stakeholders must submit their P&D plans for harmonization
- The procurement plan should abide by the regulations that apply to all donors and stakeholders
- The number of national procurements per year will be decided according to the needs and agreements of the CPDS members
- The CPDS will ensure that all stakeholders use the list of prequalified suppliers developed by MOPH

Distribution:

- All stakeholders must submit their distribution plan for the CPDS for the harmonization process
- A unified distribution plan or strategy will be developed and distributed to CPDS members
- The distribution plan will be elaborated by the system for proper action and be disseminated to members of the CPDS
- Standardized tools, formatting, and reporting systems will be developed for accurate estimates and quantification
- The distribution plan will be defined on a monthly, quarterly, or semi-annual basis

Principles for procurement in emergency situations

Stakeholders want clarification regarding their contribution and participation and the system’s response in emergency situations such as earthquakes, floods, war, natural disasters, outbreaks, blockage of roads, etc. The following principles are being proposed.

In emergency situations, the Coordinator will call for an urgent meeting among all the stakeholders. The members should discuss the situation, develop a strategy, propose solutions, and provide support to cover the emergency.

The CPDS will need accurate information concerning emergency situations. The report must provide information about the incident, geographical area, affected population, and technical or physical damage, if applicable. If such a report cannot be provided to the CPDS, the Coordinator and the relevant committees should try to obtain accurate information from a responsible source in the affected area to aid decision making.

Principles for pharmaceutical donations

Given below are the four key principles which are expected to facilitate the pharmaceutical donation process within the CPDS—

- Respect for the wishes and authority of the recipient must be honored
- Effective communication between donor and recipient is expected
- Pharmaceutical donations must provide the maximum benefit to the recipient
- Donors must ensure the appropriate quality of pharmaceutical products

The pharmaceutical donation should benefit the recipient to the maximum and be based on the expressed needs of the recipient. The donations should respect the policies of the CPDS. If a medicine is found to be of unacceptable quality, it should be removed from the field. This provision is intended to ensure that donations comply with national pharmaceutical policies and MOPH’s essential drugs program; that the positive impact of the donation is maximized; and that unnecessary and/or unknown donations are prevented.

Many pharmaceutical donations arrive unannounced in Afghanistan; storage space and a proper distribution plan may not be available. The pharmaceutical donation may not comply with the recipient’s program, thereby wasting the staff’s time trying to resolve the issue. It is proposed that advance information detailing intended pharmaceutical donations be submitted to enable the recipient to plan for receipt of the donation and to coordinate it with other sources of supply. At a minimum, the

information should include the type and quantities of donated pharmaceuticals including their international nonproprietary name (INN or generic name), strength, dosage form, manufacturer, expiration date, reference to earlier correspondence (for example, the letter of consent by the recipient), the expected date of arrival, port of entry (in the case of international or overseas donations), and the identity and contact address of the donor.

Principles for a management information system

An MIS includes data collection, processing, dissemination, interpretation, and use for decision making. MIS helps managers monitor the progress in achieving a goal.

Data collection: Stakeholders should agree on the type and frequency of data to collect and develop standard formats for collecting and reporting the agreed set of data.

Data processing: The collected data is compiled and converted into useful information. Indicators are calculated through processing of data. The Data and Information Committee oversees the data processing and will decide on the indicators to be used in consultation with other committees.

Interpretation: The interpretation is done by the user of the information. The Data and Information Committee is expected to interpret information and provide guidance and feedback to other committees when necessary.

Dissemination: Dissemination could be done in different ways such as a periodic report, newsletter, and/or through web publishing. The Data and Information Committee, in consultation with the CPDS Coordinator, will ensure that only appropriate information is disseminated.

Principles of the monitoring and reporting system

A monitoring and reporting system is essential for the various committees to report on their activities and to ensure transparency and sustainability of the CPDS. The following methods are being proposed—

Monitoring System:

- Monitoring should be developed according to the terms of reference of each committee; the format could be tools, a check list, indicators, or any other format identified by the respective committee and reviewed and approved by the Coordinator of the CPDS
- Overall monitoring of each committee could be done by the technical focal point (TFP) person of each committee or by the Coordinator of the CPDS
- All results and feedback from the monitoring done by the Coordinator should be reported in a written format, including areas for improvement, if any, and disseminated to all members of the respective committee

Reporting System:

- All the committees should report their activities on a quarterly basis to the Coordinator
- The reports should be reviewed and finalized by the TFP of each committee
- The Coordinator should compile and adjust the reports from the committees into one quarterly report that will be disseminated to the CPDS members
- Development of standard reporting tools, formats, and a timeframe for development and submission of the reports should be agreed to by all committees
- Submission of reports should be considered critical to ensure proficiency, transparency, problem solving, and good performance for the CPDS

Principles of surveillance for the CPDS

An external audit should be organized on an annual basis by an independent organization to make recommendations for the future. Surveillance of the system may influence good governance of the CPDS with the following potential benefits—

- Promote accountability, transparency, and quality
- Identify gaps and challenges in the system
- Initiate actions against problems and challenges
- Support future planning

Internal surveillance needs to be performed every four months or three times a year and should be built on a monitoring and reporting system developed for each technical area of performance and decision making. All data utilized for monitoring and reporting will be validated by an assigned institution with technical expertise within the system. These institutions will have free access to the sources of data and information that require validation. Reports will be developed by the leader agent of each technical area and submitted to the Coordinator of the system.

An external audit needs to be conducted once every year to ensure financial and managerial transparency. The terms of reference for the external audit have to be jointly developed by the Coordinator with the TA provider and submitted for approval to the Permanent Members of the NMC. The external auditor will be selected through a process of open competition, preferably at the national level. Funding for the external audit will be supported by donor contributions. The results of the audit will be disseminated in a written report and in a presentation open to the General Assembly of the NMC and all stakeholders.

CHAPTER 3: NATIONAL MANAGEMENT COMMISSION

The NMC is composed of the Permanent Members, a General Assembly and the President. The CPDS technical Coordinator will be the Secretary of the NMC.

President

The President will be appointed by the General Assembly. The first President was the Deputy Minister of Health for Technical Affairs, who was selected during the first stakeholder's roundtable in May 2009. The current Deputy Minister of Policy and planning will be the President of the NMC. The President of the CPDS will make final decisions on all matters. Other roles and responsibilities include—

- The President will call for a General Assembly meeting 15 days in advance and will chair the meeting
- The President can modify the composition of the Permanent Members upon request of the CPDS members according to the procedures established
- The President will sign the minutes and reports of the meetings before dissemination

Vice President

In the absence of the President, the Vice President can call meetings and execute the roles and responsibilities of the President. The Vice President will be appointed from the MOPH's General Directorate for Pharmaceutical Affairs.

Permanent Members

The Permanent Members will be agencies that provide funding for the P&D of pharmaceuticals and health commodities in Afghanistan, namely, MOPH's General Directorate of Administrative Affairs, the Ministry of Interior, the National Security Department, MOPH's Pharmaceutical Enterprise, GDPA, the Ministry of Finance, the Ministry of Defense, the European Union, USAID, WHO, the World Bank, the Canadian International Development Agency (CIDA), JICA, and UNFPA. The roles and responsibilities of the Permanent Members include—

- Making decisions on regular activities such as quantification, release of funds, and P&D plans, including transportation fees when required
- Reviewing and approving the CPDS strategic plan, operational yearly work plans, and policies and guidelines developed by the technical committees
- Overseeing the budget
- Monitoring and controlling NMC's financial expenses
- Discussing and approving reports on the use of released funds
- Coordinating resources to maximize purchasing power and making the overall structure functional
- Reconciling needs and funding and ensuring the availability of funds for procurement
- Ensuring the integrity of the vision and mission of the CPDS
- Ensuring that CPDS is working in accordance with the governance framework
- Developing strategies and goals that empower the system

- Identifying and anticipating problems and developing financial strategies to promote sustainability of the system
- Ensuring that the criteria of inclusion and withdrawal of membership are followed
- Identifying the needs for TA and seeing that they are met
- Reviewing the governance framework of the CPDS when required
- Modifying the structure of the CPDS according to changing needs and feasibility, such as redefining roles of the members and modifying the technical areas and/or defined committees
- Agreeing on the timeframe of the annual audit and approving the annual audit report, which will be presented by the head of the audit committee to the General Assembly

Meeting procedures and schedules of Permanent Members

- Every six months, the meeting will need to be scheduled according to other CPDS committee's work plan
- The Coordinator will be the Secretary
- The Secretary will call for the meetings before 10 working days
- Meeting reminders will be sent by the secretary before 5 working days
- The secretary will take the minutes of the meeting and disseminate them after 10 working days
- The place of the meeting will be rotated based on the suggestion of the members

General Assembly

The General Assembly is composed of organizations involved in the P&D of pharmaceuticals and health commodities in Afghanistan. The number of organizations in the General Assembly is higher than the number of Permanent Members because the General Assembly comprises various Government of Afghanistan entities, donors, NGOs, and implementing programs that receive direct funding from donors.

The National Members are—

- BPHS and EPHS committees
- Ministry of Finance
- National Tuberculosis Program
- MOPH's Central Medical Stores
- Private Sector Association
- Reproductive Health Department
- Health, Economic, and Financial Directorate
- MOPH-Health Management Information System (HMIS)
- Ministry of Higher Education
- MOPH's Strengthening Mechanism
- Ministry of Education
- National Pharmacist Association

The donors and development partners are—

- UNICEF
- The Communication for Behavior Change: Expanding Access to Private Sector Health Products and Services in Afghanistan Project
- the Afghan Red Crescent Society

- the International Committee of the Red Cross
- Health Partners International of Canada

The NGOs funded by donors are—

- Afghan Health and Development Services
- Aide Médicale Internationale
- Bakhtar Development Network
- BRAC Afghanistan
- Care of Afghan Families
- Coordination of Humanitarian Assistance
- Handicap International
- Health Net International
- IbnSina
- International Medical Corps
- Medical Refresher Courses for Afghans
- Merlin
- Marie Stopes International
- Norwegian Afghanistan Committee
- Save The Children
- Social and Health Development Program
- Swedish Committee for Afghanistan

Any member of the General Assembly can request to become a Permanent Member with the approval of the President.

Roles and responsibilities of the General Assembly

- Review and approve major decisions (e.g., policies, proposals, guidelines, work plans)
- Approve changes in NMC's line management
- Approve the audit report for surveillance of the CPDS
- Refuse or accept leadership resignations
- Provide feedback regarding the structure of the CPDS according to needs and feasibility, such as redefining roles of the members and modifying the technical areas and/or defined committees
- Approve work plans and budgets

Meeting procedures and schedules of the General Assembly

- Yearly or twice-yearly meeting called by the President or Vice President
- Invitation and agenda sent 15 days in advance
- The Secretary of the General Assembly, also known as the Coordinator, will take the minutes of the meeting and send them out 15 days after the meeting
- Meeting held at the MOPH or elsewhere on a rotating basis as decided by the President

CHAPTER 4: ROLE OF THE CPDS TECHNICAL COORDINATOR

The CPDS Technical Coordinator supervises the overall functioning of the system and will ensure performance and efficient communications among CPDS members. The CPDS Technical Coordinator will be seconded to the MOPH and will be directly supervised by the President. The Technical Coordinator will be independently recruited for the CPDS and will serve as the liaison between the NMC and the technical committees and partners.

Proposed role of the Technical Coordinator

- Act as focal contact person for all matters related to the CPDS within the MOPH and participate in any meetings related to strategic planning and implementation of BPHS and EPHS interventions in P&D
- Coordinate and share information (with approval from the NMC) with the MOPH, GDPA, General Directorate of Administrative Affairs, relevant Ministries, public programs, donors, and key partners on all matters related to the pharmaceutical management for BPHS and EPHS programs
- Facilitate linkages, coordination, and information sharing among standard technical committees and any special committees and task forces formed for special purposes
- Ensure that all stakeholders agree upon the terms of reference for joining the CPDS; provide appropriate documents required to join the system
- Provide TA on matters related to pharmaceutical product management to the NMC and technical committees of the CPDS
- Create and maintain an electronic archive of all information related to the CPDS, including reports, minutes from meetings, communications, and any other relevant documents
- Consolidate periodic reports produced by the technical committees and present them to the NMC in a concise and illustrative executive format with relevant indicators
- Maintain effective communications with the technical leaders of the committees to ensure coordination between them; coordination should include the development and sharing of strategic and annual operational work plans and monitoring the implementation of the activities
- Act as a focal point in the MOPH on the behalf of the NMC for follow-up of concerns or issues related to P&D; update the NMC, the Deputy Minister of Policy and Planning, and all other relevant parties with the goal of addressing or resolving any concerns or issues
- Organize the meetings of the NMC as directed by the President
- Communicate directives and queries from the NMC to the respective technical committees

- Develop quarterly reports with indicators to follow the technical performance of the system; report this information to the NMC and key stakeholders
- Organize the annual performance evaluation of the system in the areas of finance, P&D, and suppliers' performance
- Prepare and share annual performance reports on strategic directions and planned operational activities
- Ensure availability of financial and technical resources required by CPDS and its technical committees

The Technical Coordinator is the key person upon whom the success or failure of the CPDS rests. As outlined above, the Coordinator will closely work with the Technical Leader and TFP of the Data and Information Committee, the Advisory Committee for System Strengthening, and the Commodity Security Committee.

Roles and responsibilities of the Technical Leader

- Chair the specific CPDS Committee
- Prepare an organogram for the CPDS Committee
- Assign specific tasks to the committee members
- Plan capacity-building initiatives for committee members
- Coordinate activities with the CPDS Coordinator and other committees
- Ensure that roles and responsibilities of the committees are performed properly
- Ensure the quality of activities carried out within the committee
- Represent committee activities externally in conjunction with the CPDS Coordinator
- Periodically review and submit committee reports to the Coordinator
- Maintain routine communications with all stakeholders

Roles and responsibilities of the TFP

- Coordinate activities with the Technical Leader of the specific CPDS Committee
- Organize committee meetings in collaboration with the Technical Leader
- Prepare and disseminate meeting minutes to committee members and perform reporting tasks as needed
- Provide oversight and follow-up of technical activities of the committee
- Complete other tasks or activities assigned by the Technical Leader
- Prepare technical reports of the committee and submit to the Technical Leader

CHAPTER 5: DATA AND INFORMATION COMMITTEE

Purpose

The purpose of this committee is to formulate policy and obtain agreement among stakeholders on the minimum set of data needed to make decisions on all aspects of pharmaceutical management at the national level. This committee also continually monitors and takes corrective actions should there be any policy-based problems in the availability, quality, and timeliness of information.

Membership

It is proposed that the Data and Information Committee will be led by the GDPA's Pharmaceutical Planning Department and consist of the following members—

- 1) Pharmaceutical Planning Manager, GDPA
- 2) Program analysis Manager, GDPA
- 3) Proforma registration and drug license issue Manager, GDPA
- 4) Health, Economic and Financial Directorate (HEFD)
- 5) Health Management Information System (HMIS)
- 6) MOPH's Pharmaceutical Enterprises Department
- 7) European Union
- 8) USAID/MSH/Tech-Serve project
- 9) World Bank
- 10) Health Net International
- 11) Swedish Committee for Afghanistan
- 12) BRAC Afghanistan
- 13) Care of Afghan Families
- 14) Norwegian Afghan Committee
- 15) Medical Refresher Courses for Afghans
- 16) International Medical Corps
- 17) WHO
- 18) JICA
- 19) CIDA
- 20) UNFPA
- 21) UNICEF
- 22) Global Alliance for Vaccines and Immunization
- 23) Global Fund for AIDS, Tuberculosis and Malaria
- 24) Ministry of Defense
- 25) Private sector representatives
- 26) Medicines Sans Frontiers

Because HEFD and HMIS have access to data and information that is critical to the functioning of CPDS, their participation is very important. The Health, Economic and Financial Directorate (HEFD) and HMIS departments are expected to support the GDPA's Pharmaceutical and Planning Department to improve their functioning. Key entities in the private sector must be involved (as recommended by the MOPH) because there is no information regarding the consumption of pharmaceuticals in the private sector. Membership of the private sector has already been accepted in the General Assembly.

Functions

- Decide on a minimum set of information required to effectively manage pharmaceuticals at the national level
- Standardize tools and procedures to collect that data
- Ensure adequate physical and human resources to collect the data, process it, and present the information

Roles and responsibilities

- In conjunction with all stakeholders, decide on the minimum set of data that needs to be collected, either among the stakeholders or externally from health facilities, hospitals, etc.
- Create an agreement among stakeholders on the format and frequency of data that will be collected and the content of reports that are to be generated and communicated
- Ensure representation from the stakeholders and that their concerns are adequately addressed in regards to collecting data and generating information
- Create a mechanism to monitor the collection, processing, generation, and dissemination of data
- Standardize tools to be used at the central and peripheral levels; ensure that training sessions are provided on the use of the tools and procedures
- Ensure that the operational unit has enough human resources and physical capacity to collect and process data and generate and distribute information on a sustained basis
- Periodically present data and information-related issues and achievements to the NMC through the CPDS Coordinator
- Periodically assess the content, scope, relevancy, and accuracy of information used to make important decisions related to pharmaceutical commodity management; communicate the findings to the stakeholders and develop new strategies, if required

Proposed initial start-up activities

- The committee's TFP will be appointed at the first meeting; the TFP will organize the meetings, report to the Coordinator, and appoint a secretary to call meetings when the TFP is not available
- At the beginning of the year, the committee will develop a work plan that—
 - Proposes activities and resources needed
 - Identifies stakeholders that could provide financial and technical resources
 - Identifies sources of data (e.g., health facilities, central medical stores, NGOs, multinational development partners)
 - Describes identification and standardization of types of data collection instruments and frequency of collection
 - Describes identification of content, form, and frequency of reports including a standardized mechanism of providing feedback to data reporting centers
- The TFP will prepare a detailed list of data and information requirements for P&D of pharmaceuticals and the list of stakeholders who will be responsible for providing the necessary data and information
- The committee will meet to decide the procedures and tools for collection of data and generation of information. The committee will setup an operational unit which will be

responsible for collecting data, processing, generating, and disseminating information as per schedule decided by the committee.

- The operational unit will periodically report to the committee on matters related to the operation of the unit and of any policies or issues that need attention
- The TFP will facilitate analyses of collected data with the assistance of all other members
- A report with the processed data should be given to the Coordinator within one week and disseminated to the to the rest of the system if required

Meeting procedures and schedules

- At least three days in advance, the TFP will circulate a draft agenda to all members for comments and input
- The committee will meet regularly once a month; however, if important issues comes up, they can be addressed in unscheduled meetings
- Members should notify the TFP at least one day in advance if they are unable to attend a scheduled meeting Decisions will be adopted preferably through consensus; should a vote be necessary, a two-thirds majority is required

The TFP will be responsible for drafting and circulating the minutes of the meeting to all members of the committee (irrespective of whether they attended the meeting) within three days after the meeting. Members should provide feedback or comments within two days. In the absence of comments, or once comments are integrated into the minutes, the minutes are considered final and will be presented at the next meeting for formal approval. Approved minutes should then be circulated to all members of the committee, to the Coordinator, and to the rest of the CPDS members as needed.

CHAPTER 6: ADVISORY COMMITTEE FOR SYSTEM STRENGTHENING

Purpose

The Advisory Committee for System Strengthening contributes to policy development and recommends improvements for P&D. This committee will work closely with the Coordinator to identify gaps and possible actions for the CPDS based on reports from other committees.

Membership

The members of the Advisory Committee for System Strengthening will consist of those groups that contribute to P&D, including agencies of the Government of Afghanistan, international donors (that contribute funds or pharmaceuticals), implementing programs and organizations, and other institutions that provide technical support to the system—

- 1) Procurement and Registration Director, GDPA
- 2) Advisor for GDPA
- 3) Narcotics Manager, GDPA
- 4) General Directorate of Administrative Affairs, MOPH
- 5) Central Medical Stores
- 6) HMIS
- 7) WHO
- 8) UNFPA
- 9) UNICEF
- 10) World Bank
- 11) European Union
- 12) USAID/MSH/Tech-Serve
- 13) CIDA
- 14) Monitoring and Evaluation Department, MOPH
- 15) Ministry of Economy
- 16) Ministry of Finance
- 17) Ministry of Defense
- 18) Ministry of Interior
- 19) National Security Department
- 20) Private sector representatives

It is proposed that the GDPA be the technical leader of the Advisory Committee for System Strengthening.

Functions

- 1) Development of policies, guidelines, tools and mechanism needed to improve procurement of pharmaceuticals and health commodities at central level.
- 2) Development of policies, guidelines, tools and mechanism needed to improve distribution of pharmaceuticals and health commodities at all levels.

Roles and responsibilities

- Collect all procurement procedures, guidelines, and tools currently applied by partners
- Review all the activities and functions related to procurement, such as selection, quantification, tendering, prequalification of suppliers, audit and quality control procedures for manufacturers, customs procedures, delivery process, ordering, and tools for pipeline analysis
- Develop guidelines, standard operating procedures, and tools relevant to the current situation; documents should take into account the regulations of each partner
- Organize a meeting with all the partners in procurement to share the documents and approve the guidelines
- Submit the drafts to GDPA for MOPH approval and assist them in disseminating the policies, tools, mechanisms, and guidelines (training, capacity building, preservice training) to the relevant partners
- Work closely with GDPA to develop an implementation plan of those guidelines, tools, and standard operating procedures developed; GDPA will follow and monitor the implementation process In collaboration with the Coordinator, advocate to make funds available for the implementation Support the Commodity Security Committee in monitoring and evaluating how new policies, tools, mechanisms, and guidelines improve availability of pharmaceuticals and health commodities

Proposed initial start-up activities

- In the first meeting, the members will appoint the TFP for the committee, who will organize the meetings; the TFP reports to the Coordinator and a secretary, who can report and call for meetings when the TFP is not present.
- The TFP, with assistance from members of the committee, will prepare the terms of reference for the committee members and a detailed list of activities for implementation
- The committee will develop a work plan at the beginning of the year that—
 - Proposes activities and resources needed
 - Identifies stakeholders that can provide financial and technical resources
 - Identifies the necessary measurements to carry out activities
 - Provides timelines for each activity (related to the availability of human resources) and timelines for feedback and results of activities
 - Describes working with the other two technical committees and the Coordinator
- The TFP, with TA from the committee members, will monitor activities to ensure that they are being carried out as intended
- The TFP will ensure the progress of all the assigned roles and responsibilities of the advisory committee with the assistance of all other members

Meeting procedures and schedules

- The Advisory Committee for System Strengthening meeting will be called by the TFP who will also play the role of secretary for the group meetings
- The quorum for the meetings should be at least 50% of the members
- The TFP will circulate a draft agenda preferably 14 days in advance to the scheduled meeting for comments and input

- To give adequate support to the system, the committee will be required to meet once every three months to discuss strategies and guidelines needed to improve, harmonize, and implement the P&D system and once every six months to discuss the results of that implementation
- The members of the committee can call for a meeting in an emergency situation or when it is not advisable to wait until the next scheduled meeting
- Members should notify the technical leader at least five days in advance if they are unable to attend a scheduled meeting

The TFP will take the minutes of the meetings, which will be circulated to all members of the committee (irrespective of whether they attended the meeting) for comments within three days after the meeting. Members should provide feedback or comments on the minutes within two days. In the absence of comments, or once comments are integrated into the minutes, the minutes are considered final and will be presented at the next meeting for formal approval. Approved minutes should then be circulated to all members of the committee and to the Coordinator.

CHAPTER 7: COMMODITY SECURITY COMMITTEE

Purpose

The Commodity Security Committee (CSC) will develop strategies to ensure the nationwide availability of commodities, including pharmaceutical products, medicines, consumables, and small equipment. This committee will not be in charge of products needed for emergency situations.

Membership

The Committee members will be from institutions that contribute to forecasting, P&D from the MOPH, implementer programs and organizations, and other institutions providing technical support to the system—

- 1) Central Medical Stores
- 2) Pharmaceutical Evaluation Manager, GDPA
- 3) Medical Products and Cosmetic Manager, GDPA
- 4) Sampling Manager, GDPA
- 5) MOPH's Pharmaceutical Enterprise
- 6) National TB Program
- 7) Ministry of Defense
- 8) European Union
- 9) Global Fund
- 10) World Bank
- 11) USAID/MSH/Tech-Serve
- 12) WHO
- 13) UNFPA
- 14) UNICEF
- 15) MSH/SPS
- 16) Marie Stopes International
- 17) Merlin
- 18) Coordination of Humanitarian Assistance
- 19) The Communication for Behavior Change: Expanding Access to Private Sector Health Products and Services in Afghanistan Project
- 20) Solidarity of Afghan Families
- 21) Aid Medication International
- 22) Agency for Assistance and Development of Afghanistan
- 23) International Committee of Red Cross
- 24) Bakhtar Development Network
- 25) Afghan Health & Development Services
- 26) Aga Khan Health Services

The Central Medical Stores is proposed to be the technical leader of the CSC.

Functions

- Development of methods and tools for quantification and forecasting. The quantification includes the estimation of the quantities and cost of pharmaceuticals needed to be procured for

a defined period of time, which involves the review of product selection, forecasting of pharmaceuticals, and reconciliation of needs and funds.

- Ensuring timely procurement of commodities. The procurement includes the process of selection of the procurement method, identification and selection of suppliers, specification of contract terms, placing orders, monitoring the status of orders, payment of the goods, customs clearance, receipt and inspection.
- Ensuring monitoring of inventory and distribution to avoid stock out or wastes.

Roles and responsibilities

- The CSC will follow the guidelines developed for P&D by the Advisory Committee for System Strengthening through the GDPA
- The CSC will work with all partners on the development of a national annual procurement plan, in which they will decide if the tendering process is to be organized on a quarterly, biannual, or annual basis; alternatively, separate tenders may be put in place, but follow the same procedures to ensure harmonization
- The CSC will ensure that the GDPA, within the Advisory Committee for System Strengthening, has agreed upon a list of prequalified suppliers; these suppliers will be the only ones consulted when doing open, restricted, or short-listed tenders
- A system will be organized to share information regarding suppliers
- An annual quantification exercise will be organized and the results presented to the NMC for approval and release of funds; data for the quantification exercise (consumption, morbidity, stock availability, and other relevant indicators) will be provided by the Data and Information Committee
- The CSC will try to anticipate problems on future availability of pharmaceuticals on the basis of actual consumption and distribution figures versus quantification and procurement projections
- A pipeline analysis exercise will be organized on a quarterly basis to ascertain if the tendering process is working correctly, examine any problems, and ensure that the products are available in country; strategies will be adopted to quickly alleviate shortages or stock outs
- The CSC will work with national authorities to improve the timing of customs clearance
- Product exchanges and donations will be organized among stakeholders to alleviate overstocks or shortages
- Development of a push/pull distribution system for the field will be considered
- The CSC will advocate for reduced transportation fees
- After the Data and Information Committee has analyzed distribution data, the CSC will organize and manage expired pharmaceuticals, exchanges of products, readjustment of stock, etc.

Proposed initial start-up activities

- In the first meeting, the committee members will appoint the TFP, who will organize the meetings. The TFP reports to the Coordinator; the secretary will act as an alternate and can report and call for meetings the TFP is not available.
- The TFP with assistance from members of the committee will prepare the terms of reference for the CSC and will prepare a detailed list of activities for implementation by the CSC
- The committee will develop a work plan at the beginning of the year that—
 - Proposes activities and resources needed
 - Describes the scope of work for specific stakeholders

- Identifies stakeholders that can provide financial and human resources and TA
- Provides a timeline for the implementation of each individual activity
- Describes coordination of activities with other committees
- The TFP will call a meeting in order to discuss and agree on the sources and mechanisms (procedures and tools) for implementation of the different activities
With TA from the members of the committee, the TFP will ensure the quality performance of the activities
- Regular meetings should be called by the TFP to review and discuss the process and performance of the committee

Meeting procedures and schedules

- Periodic meetings for the CSC will be called by the TFP, who will also play the role of secretary for the group meetings
- The quorum for the meetings should be at least 50% of the members
- The TFP will circulate a draft agenda preferably 14 days in advance of the meeting for comments and input
- To provide adequate support to the system, the CSC will be required to meet at least once every three months to discuss any issues regarding the availability of commodities
- The members of the CSC could call a meeting in emergency circumstances or when it is not advisable to wait until next scheduled meeting
- If they are unable to attend the meeting, members will notify the TFP at least five days in advance of being unable to attend a scheduled meeting, at least five days in advance.

The minutes of the meetings will be taken by the TFP and will be circulated to all members of the committee (irrespective of whether they attended the meeting) for comments within three days after the meeting. Members should provide feedback or comments within two days. In the absence of comments, or once comments are integrated into the minutes, the minutes are considered final and will be presented at the next meeting for formal approval. Approved minutes should then be circulated to all members of the committee and the Coordinator.

CHAPTER 8: TECHNICAL ASSISTANCE

TA is the process of providing or acquiring technical support from institutions or stakeholders (who are part of the system) in the areas of capacity building, quality assurance, pharmaceutical product selection, procurement, quantification, distribution, storage, advocacy, information technology support, and financial support.

All institutions and stakeholders in Afghanistan who are involved in the P&D of pharmaceuticals and are part of the system are responsible for providing TA to their level of proficiency in these areas. If some institutions and stakeholders are not experts in any field, they will have to provide TA according to prevailing options in any technical field, but the provision of that assistance will be evaluated by the system.

Mechanisms for providing technical assistance

Mechanisms should be developed so that TA is provided in such a way that duplication and waste are avoided. TA needs should be identified by the permanent members of the NMC and the Coordinator. Stakeholders should provide TA regularly, over the long term, and according to their proficiency levels.

Criteria for providing technical assistance

Stakeholders need to consider certain criteria when providing TA to the system so that their interventions and contributions will be evaluated and used appropriately. These criteria include—

- Needs assessment, level of expertise required, and how long the TA is required
- Influence of TA on the system
- Stakeholders' interests

How to adjust provision of TA to the system

Once the criteria for TA, mechanisms of providing TA, and expertise areas are identified, the system will need to be modified to provide opportunities to those who would like to or need to provide TA. When stakeholders leave the system, adjustments must be made to avoid gaps in the system.