



**Islamic Republic of Afghanistan
Ministry of Public Health**

**National Pharmaceutical Human Resources
Strategic Framework**

2013–2017

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FOREWORD

Equitable access to safely and appropriately used quality medicines depends on the availability of pharmaceutical human resources such as pharmacists and pharmacy assistants who have the competencies and professionalism to perform and meet patient needs. They are responsible for pharmaceutical sector governance functions such as regulation and policy, through to supply chain functions such as distribution and storage, manufacturing and quality assurance, and pharmaceutical care functions to improve medicine use. All of these activities and responsibilities contribute to the improved health of the Afghan population.

Afghanistan's pharmaceutical human resources have not been unaffected by the country's continuing conflicts, and the need to strengthen these human resources as part of efforts to rebuild the pharmaceutical system was obvious. However, until March 2011, no comprehensive information was available about pharmaceutical human resources (density and distribution of personnel, their competencies, training, and education) to identify priority needs and inform the development of strategies to address these issues.

The Ministry of Public Health (MoPH) through the General Directorate of Pharmaceutical Affairs and the General Directorate of Human Resources, and with the assistance of the US Agency for International Development through the Strengthening Pharmaceutical Systems Program, undertook a national assessment and analysis of pharmaceutical human resources. With the collective inputs of the national and international key stakeholders, they developed a pharmaceutical human resources framework aligned with the values and objectives of the Strategic Plan for the MoPH (2011–2015) and Health and Nutrition Sector Strategy of MoPH (2007/08-2012/13). This framework describes strategic objectives and strategies to address priority human resource issues, such as strengthening the pharmaceutical human resources information system, advocating for improvement of remuneration for pharmacists and pharmacy assistants, establishing a pharmaceutical council to regulate pharmacists and pharmacy assistants, improving the distribution of pharmaceutical human resources, and building the capacity and competencies of pharmaceutical human resources in priority areas.

The success of efforts to strengthen the pharmaceutical system in Afghanistan will depend on the effective implementation of strategies to strengthen pharmaceutical human resources. The MoPH greatly appreciates the input of all key stakeholders in the process of developing and reaching consensus on this framework and affirms its commitment to collaborate with stakeholders to implement strategies to strengthen pharmaceutical human resources planning, management, and development.

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ABBREVIATIONS

ANPA	Afghanistan Nationwide Pharmacists Association
API	Avicenna Pharmacy Institute
BPharm	Bachelor of pharmacy
EDL	Essential Drug List
FIP	International Pharmaceutical Federation
GDHR	General Directorate of Human Resources
GDPA	General Directorate of Pharmaceutical Affairs
GIHS	Ghazanfar Institute of Health Sciences
HR	Human resources
HLIED	Health Legislation Implementation Ensuring Directorate
LDL	Licensed Drug List
M&E	Monitoring and evaluation
MoF	Ministry of Finance
MoHE	Ministry of Higher Education
MoLSAMD	Ministry of Labor, Social Affairs, Martyrs and Disabled
MoPH	Ministry of Public Health
MSH	Management Sciences for Health
NGO	nongovernmental organization
PE	Pharmaceutical Enterprise
PharmD	Doctor of pharmacy
QC	Quality Control
SPS	Strengthening Pharmaceutical Systems
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

Building human resources (HR) is an essential intervention to strengthen and bring sustainability to the pharmaceutical sector. Pharmaceutical HR are a fundamental aspect of the architecture of the pharmaceutical system, necessary to carry out interventions across the pharmaceutical system to ensure access to and rational use of medicines. Pharmaceutical HR includes pharmacists (both doctors and bachelors of pharmacy, that is, PharmD and BPharm), pharmacy assistants, and other cadres providing pharmaceutical services. Before the efforts of the General Directorate of Pharmaceutical Affairs (GDPA) of the Ministry of Public Health (MoPH) in late 2010, no comprehensive information or strategy existed regarding the density, distribution, roles, and development of pharmaceutical personnel providing pharmaceutical services. A holistic and comprehensive view of demand and supply of the pharmacy workforce is necessary to identify HR planning, management, and development priorities. These activities will be integrated with the MoPH's broader efforts to strengthen HR for health in Afghanistan and its alignment with the HR management and development strategic objectives and priority interventions described in the Strategic Plan for the MoPH (2011–2015). This strategic framework seeks to contribute towards achieving the MoPH vision and mission to improve the health and nutritional status of the people of Afghanistan in an equitable and sustainable manner by strengthening the needed competent, ethical and equitably distributed pharmaceutical human resources to ensure the availability, accessibility, rational and safe use of quality medicines.

Pharmaceutical HR situation

The MoPH and the USAID Strengthening Pharmaceutical Systems Program undertook a two-phase assessment of the pharmaceutical HR situation. Data on pharmaceutical human resources was gathered at the national, provincial, facility, and individual provider levels through between March–December 2011. All 34 provinces provided data on pharmaceutical human resources and pharmaceutical establishments, and 205 randomly selected pharmacies, manufacturers, hospitals and other pharmaceutical establishments, and 265 individuals responded to surveys in 4 provinces (Kabul, Herat, Nangarhar, and Balkh).

The assessment showed a ratio of 1 pharmacist for every 21,000 population and 1 pharmacy assistant for every 28,000 population. In most pharmaceutical establishments, services are provided by other cadres and the total number of pharmaceutical establishments exceeds this pharmaceutical human resources by a ratio of 6:1. Half of the respondents did not have any training over the past 2 years and 23 critical competency gaps were identified in procurement, supply chain management, and dispensing. Almost half of the respondents indicated that they had not had a supervision visit in the past year. Distribution of pharmaceutical human resources was skewed towards urban areas, with 73 percent of the pharmacists located in Kabul alone. Across provinces, more pharmacy assistants were found in rural areas than pharmacists (18 percent versus 6 percent).

This assessment identified a shortage of pharmaceutical human resources, pharmaceutical human resource distribution imbalance, lack of training and supervisory visits, and critical competency gaps in procurement, supply chain management, and dispensing. The assessment provided evidence that informed the development of strategies and plans to strengthen pharmaceutical human resources in Afghanistan.

Pharmaceutical HR strategic framework development

The strategic framework development process was informed by the pharmaceutical HR assessment. Key stakeholders developed this pharmaceutical HR strategic framework at the consultative workshop held February 19–22, 2012, in Ibn-e-Sina Emergency Hospital, Kabul. More than 40 representatives of the MoPH, the public and private sectors, training institutions, professional associations, donors, implementing partners, and nongovernmental organizations (NGOs) actively participated in a collaborative process to define strategic objectives and identify strategies, opportunities and barriers, and stakeholders and their roles in the implementation of these strategies.

Representatives of the MoPH GDPA and General Directorate of Human Resources (GDHR), the University of Kabul Faculty of Pharmacy, the Ghazanfar Institute of Health Sciences (GIHS), and the US Agency for International Development (USAID)—through Management Sciences for Health’s Strengthening Pharmaceutical Systems Program (MSH/SPS)—facilitated the consultative workshop. The framework was further developed and refined through a consultative process between April and May 2012, during which 38 different stakeholder groups were invited to provide comments on the strategic framework. Key stakeholders reached full consensus on the strategic framework on July 2, 2012, in a meeting held by the MoPH. The Pharmaceutical Human Resources Core Team reviewed feedback and used it to make final revisions. This framework describes the strategic objectives, strategies and inputs, opportunities and barriers to implementation, and stakeholders relating to each objective. These elements are grouped under the themes of HR planning, management, and development.

Purpose of the Strategic Framework

This framework seeks to outline a national strategy for the development of pharmaceutical HR in the public and private sectors in Afghanistan to produce a stronger pharmaceutical system that responds to the population’s needs. In particular, the framework serves as a reference document for the Human Resources for Health plan and the HR section of the National Medicines Policy of the MoPH. It is organized into the themes of pharmaceutical HR planning, management and development. This strategic framework sets out the direction but does not specify the details regarding implementation or monitoring and evaluation (M&E). These details will be included in the MoPH Human Resources for Health operational plans with implementation being led by GDHR and GDPA with the technical assistance of the MoPH Pharmaceutical Human Resources Core Group. In accordance with the needs of the MoPH, this strategic framework will be annually reviewed and revised by GDPA and GDHR.

Table 1: Pharmaceutical HR Planning

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
1.1	Strengthen the pharmaceutical HR information system to cover both private and public sectors in the MoPH by the end of 2014	<ul style="list-style-type: none"> • Incomplete pharmaceutical HR information, fragmented across different databases in the MOPH's GDPA and GDHR, the Ministry of Higher Education (MoHE), training institutions, and provincial health directorates • Enable improved HR planning and management through an integrated and updated HR information system 	<p>Strategies:</p> <ul style="list-style-type: none"> • Define specific data and information to be included in a pharmaceutical HR database and information sources • Create a pharmaceutical HR web-based database as part of the human resources information system • Establish processes for gathering data and updating pharmaceutical HR information in the database, and delegate these roles to relevant GDPA and GDHR staff • Train those responsible for data collection, data entry, and maintenance of the database <p>Inputs:</p> <ul style="list-style-type: none"> • Data collection and entry processes and database systems • Materials for data collection, entry, and management (e.g., computer, stationery, and tools) 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Availability of data sources on pharmacists and pharmacy assistants • Availability of donors/NGOs • Availability of GDPA and training institutions • Availability of MoPH/HR experts • Strategic Plan for the MoPH (2011–2015) <p>Barriers:</p> <ul style="list-style-type: none"> • Lack of established links between pharmacy training institutions and MoPH HR database • Lack of links between MoPH and other relevant ministries (e.g., Ministry of Labor, Social Affairs, Martyrs and Disabled [MoLSAMD]) on pharmaceutical HR information 	<ul style="list-style-type: none"> • MoPH GDPA, GDHR and Office of Private Sector Coordination (OPSC) <ul style="list-style-type: none"> ○ Create links with other organizations for pharmaceutical HR information at the national level • Avicenna Pharmacy Institute (API), Health Legislation Implementation Ensuring Directorate (HLIED)/MoPH, University of Kabul Faculty of Pharmacy, GHIS <ul style="list-style-type: none"> ○ Report relevant information to HR database • Donors <ul style="list-style-type: none"> ○ Financial support, monitoring, and supervision • MoLSAMD <ul style="list-style-type: none"> ○ Analyze the pharmaceutical labor market in both private and public sectors in cooperation with MoPH ○ Receive updates on graduates • SPS Program <ul style="list-style-type: none"> ○ Technical assistance • World Health Organization (WHO) <ul style="list-style-type: none"> ○ Link to HR observatory • MoHE <ul style="list-style-type: none"> ○ Maintain records and provide information on graduates • Ministry of Finance (MoF) <ul style="list-style-type: none"> ○ Allocate resources to maintain database

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
1.2	Advocate to related health organizations and authorities on the importance of pharmaceutical personnel and HR issues within the health sector over the next five years	<ul style="list-style-type: none"> • Weak support for pharmaceutical sector development and pharmaceutical HR development within the health system at country level 	<p>Strategies, 2013–2017:</p> <ul style="list-style-type: none"> • Establish working groups to develop proper mechanisms for advocacy within the first year, including advocacy for the implementation of the Pharmaceutical HR Strategic Framework • Develop advocacy materials • Disseminate the results from the pharmaceutical human resources assessment through seminars, meetings, workshops, and other approaches 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Availability of related organizations and resources to advocate for and support the pharmaceutical sector in the country <p>Barriers:</p> <ul style="list-style-type: none"> • Lack of leadership awareness of the importance of the pharmaceutical sector • Lack of high-level leadership support for the pharmaceutical sector • Lack of pharmacy expert involvement at the decision-making level • Lack of support for the growth and development of the industrial pharmacy sector 	<ul style="list-style-type: none"> • MoPH GDPA and Pharmaceutical Enterprise (PE) <ul style="list-style-type: none"> ○ Advocate for the role of pharmaceutical HR in the health system and for the establishment of required positions in the health sector • MoPH Directorate of Public Relations <ul style="list-style-type: none"> ○ Publication and distribution, development of press statements and media messages • MoPH GDHR <ul style="list-style-type: none"> ○ Engage pharmaceutical personnel in decision making ○ Support advocacy messages on pharmaceutical HR • Afghanistan Nationwide Pharmacists Association (ANPA) <ul style="list-style-type: none"> ○ Support advocacy activities and pharmaceutical HR

Table 2: Pharmaceutical HR Management

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
2.1	Establish a Pharmacy Council responsible for regulating pharmacists and pharmacy assistants, accrediting pharmacy education programs and setting and enforcing pharmacy education and practice standards by the end of 2015	<ul style="list-style-type: none"> • Current lack of a regulatory system for licensing and renewal of professional licenses or a mechanism to uphold standards and ethics of practice of pharmaceutical personnel across both public and private sectors • Need for an independent authority to accredit and regulate undergraduate pharmacy education programs • MoPH is currently establishing a Medical Council and a Nursing and Midwifery Council and a similar council is needed for Pharmacy 	<p>Strategies:</p> <ul style="list-style-type: none"> • In consultation with key stakeholders, identify composition, roles and responsibilities, and design and propose an appropriate structural model, laws, regulations, and business case for a Pharmacy Council • GDPA to engage and convince stakeholders to support the establishment of a Pharmacy Council • GDPA to establish and obtain official approvals and statutory rights for a Pharmacy Council with the support of GDHR <p>Inputs:</p> <ul style="list-style-type: none"> • International and national expertise • Financial resources • Positions allocated to Pharmacy Council • Pharmacy Council regulations 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Availability of donors/NGOs • MoPH/HR expert availability • MoPH interest to establish a Pharmacy Council <p>Barriers:</p> <ul style="list-style-type: none"> • Lack of available infrastructure for Pharmacy Council • Lack of resources for Pharmacy Council positions 	<ul style="list-style-type: none"> • ANPA, Faculty of Pharmacy, GIHS <ul style="list-style-type: none"> ○ Provide technical assistance and advocacy • International Pharmaceutical Federation (FIP) <ul style="list-style-type: none"> ○ Support links to other Pharmacy Councils internationally to gather advice and models for regulating pharmaceutical personnel • SPS <ul style="list-style-type: none"> ○ Provide technical assistance • Nursing and Midwifery Council <ul style="list-style-type: none"> ○ Provide technical assistance and share lessons learnt • MoPH GDPA and GDHR <ul style="list-style-type: none"> ○ Develop proposal and plans and be responsible for follow-up • Donors, MoF <ul style="list-style-type: none"> ○ Provide financial support

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
2.2	Recruit minimum pharmaceutical HR in all 34 provinces in both public and private sectors to improve quality of pharmaceutical services by 2017	<ul style="list-style-type: none"> • Inequitable distribution and density of pharmacists and pharmacy assistants across and within provinces and between urban and rural areas 	<p>Strategies, 2013–2017:</p> <ul style="list-style-type: none"> • Conduct needs assessment of pharmaceutical HR across all 34 provinces and at central level (e.g., Quality Control Department) • Determine required pharmaceutical HR and develop a revised pharmaceutical HR staffing structure • Mobilize resources for the revised organizational structure based on ground realities for each of 34 provinces within the second year of implementation, focusing first public sector, followed by the private sector • Develop a recruitment plan for pharmaceutical HR within the second year of implementation <p>Inputs:</p> <ul style="list-style-type: none"> • Financial resources • Technical assistance to determine pharmaceutical HR needs • Recruitment plan 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Availability of considerable donor support in the health sector • Availability of capacity-building projects within the sector <p>Barriers:</p> <ul style="list-style-type: none"> • Lack of appropriate information about actual pharmaceutical HR needs • Lack of awareness within the health sector of pharmaceutical sector importance • Lack of coordination body for the recruitment and management of pharmaceutical HR to meet the current pharmaceutical HR requirements • Lack of transparent recruitment procedures at all levels • Lack of MoPH leadership support to improve the private sector • Security challenges in some provinces 	<ul style="list-style-type: none"> • MoPH <ul style="list-style-type: none"> ○ Develop appropriate policies, organizational structure, and standards ○ Recruit pharmaceutical HR • Private sector <ul style="list-style-type: none"> ○ Recruit staff in trade, manufacture, and distribution of pharmaceutical items • NGOs and international NGOs <ul style="list-style-type: none"> ○ Recruit competent pharmaceutical HR • SPS <ul style="list-style-type: none"> ○ Technical assistance

Table 2. Pharmaceutical HR Management

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
2.3	Enforce the implementation of procedures for more transparent pharmaceutical HR recruitment processes in the public sector at central and provincial levels by 2017	<ul style="list-style-type: none"> • Lack of proper regulatory procedures at central and provincial levels and lack of merit-based recruitment procedures • Need to take into account candidate's competency, work experience, and work ethic during the recruitment process 	<p>Strategies, 2013–2017:</p> <ul style="list-style-type: none"> • Establish a working group to determine processes by which to enforce the implementation of existing procedures for the transparent and merit-based recruitment of pharmaceutical HR by mid-2014 • Share and communicate the working group results with all stakeholders by end 2014 • Transition to an electronic web-based system for advertising vacant positions • Establish mechanisms to support implementation and provide oversight of the recruitment process <p>Inputs:</p> <ul style="list-style-type: none"> • Technical assistance to revise recruitment procedures and develop the website 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Existence of laws and policies to govern transparent and effective recruitment • Availability of considerable donor support in the health sector • Technical support from HR development consultants <p>Barriers:</p> <ul style="list-style-type: none"> • Lack of pharmaceutical experts' involvement in the recruitment committees in MoPH • Lack of pharmaceutical position at senior leadership levels making key recruitment decisions in MoPH 	<ul style="list-style-type: none"> • MoPH GDHR, GDPA, and General Directorate of Policy and Planning <ul style="list-style-type: none"> ○ Design and develop operational plans, procedures, and guidelines for recruitment • ANPA <ul style="list-style-type: none"> ○ Coordinate and follow up on activities ○ Support working group activities • MoPH GDHR <ul style="list-style-type: none"> ○ Expand and further develop the website for advertising vacant positions
2.4	Strengthen and scale up supportive supervision for pharmaceutical services across all 34 provinces by the end of 2015	<ul style="list-style-type: none"> • Lack of clear guidelines and job description for supportive supervision in MoPH • Lack of support for the implementation of existing guidelines and job description for supportive supervision • Lack of coordination and communication 	<p>Strategies, 2013–2015:</p> <ul style="list-style-type: none"> • Establish a technical committee for the development, review, and revision of guidelines on supervision • Develop a job description for supportive supervision for pharmaceutical services • Expand the supervision structure. and strengthen the supportive 	<p>Opportunities</p> <ul style="list-style-type: none"> • Availability of some supervision guidelines • Availability of donors and implementing partners for technical support (USAID SPS/MSH) • Availability of pharmacists in the labor market to be recruited for new positions • Availability of supervision department in GDPA 	<ul style="list-style-type: none"> • MoPH GDPA, HLIED, and M&E Directorate; NGOs, GCMU, SPS <ul style="list-style-type: none"> ○ Participate in technical committee to develop, review, and revise supervision guidelines • MOPH GDHR <ul style="list-style-type: none"> ○ Approve and follow up established support and supervision system for pharmaceutical affairs monitoring • MoPH GDPA Planning department, Monitoring department, and API <ul style="list-style-type: none"> ○ Establish working committee ○ Lead and mobilize the committee

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
		<p>between key stakeholders for supportive supervision</p> <ul style="list-style-type: none"> • Poor monitoring and evaluation of health facilities in pharmaceutical services 	<p>supervision system</p> <ul style="list-style-type: none"> • Recruit necessary staffing structure in GDPA and all stakeholders for effective supportive supervision • Improve coordination for monitoring and supervision among GDPA, HLIED, and M&E Directorate <p>Inputs:</p> <ul style="list-style-type: none"> • Financial resources • Technical assistance to develop guidelines and job description for supportive supervision 	<p>Barriers:</p> <ul style="list-style-type: none"> • Lack of functional system for monitoring and supervision at the country level • Inadequate staff in the M&E department in GDPA • Lack of involvement of staff responsible for managing the pharmaceutical system in MoPH's high-level decision-making processes • Lack of communication between central and provincial pharmaceutical departments and related stakeholders on supervision 	<ul style="list-style-type: none"> ○ Provide organizational draft for monitoring entities ○ Provide draft terms of reference for the monitoring entities ○ Mobilize the activities that are included in the rules and regulations ○ Establish good communication with other relevant departments at the country level • MoPH and Provincial Public Health Directorates <ul style="list-style-type: none"> ○ Assign authority and provide political support ○ Approve the regulation and policies ○ Provide resources and possibilities ○ Attract other donors ○ Support implementation • MoF <ul style="list-style-type: none"> ○ Confirm and allocate necessary funds ○ Provide needed funds • MoPH HLIED <ul style="list-style-type: none"> ○ Follow up on records and monitoring ○ Actively participate in developing guidelines • Faculty of Pharmacy and GIHS <ul style="list-style-type: none"> ○ Actively participate in the process of development of rules and regulations ○ Include policies for supervision in the pre service curriculums of the GIHS and Faculty of Pharmacy

Table 2. Pharmaceutical HR Management

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
2.5	Improve occupational health and safety, accessible and safe work environments for pharmaceutical HR in targeted priority workplaces by 2017	<ul style="list-style-type: none"> • Lack of consideration in current policies of accessibility of the workplace for individuals with disabilities • Unsafe current work environments in some facility types 	<p>Strategies, 2015–2017:</p> <ul style="list-style-type: none"> • Implement accepted national standards for occupational health and safety and work environments in MoPH policies by 2017 <p>Inputs</p> <ul style="list-style-type: none"> • Financial resources • Available standard operating procedures SOPs • Disability law 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Presence of financial support • Presence of donor support <p>Barriers:</p> <ul style="list-style-type: none"> • Inadequate financial resources • Workplace safety is not a recognized priority issue, and stakeholders are not committed to addressing issues • Inadequate occupational health and safety procedures in the private and public sector • Weak enforcement of occupational health and safety policies 	<ul style="list-style-type: none"> • MoPH GDPA and PE, MoLSAMD, Environment Department <ul style="list-style-type: none"> ○ Develop guidelines and regulations ○ Promote compliance with occupational health standards • Donors <ul style="list-style-type: none"> ○ Financial support • MoPH OPSC, ANMSO <ul style="list-style-type: none"> ○ Advocate and engage private sector to promote compliance with workplace safety and environment standards • Municipalities <ul style="list-style-type: none"> ○ Enforce workplace safety and environment standards • Ministry of Urban Development <ul style="list-style-type: none"> ○ Evaluate design of pharmaceutical establishments to ensure compliance with standards • MoPH Environmental Health Directorate <ul style="list-style-type: none"> ○ Improve occupational health and safety
2.6	Improve the safety and security of staff in the Quality Control (QC) laboratory by the end of 2017	<ul style="list-style-type: none"> • The work environment is not secure, and QC lab staff has received threats to their personal safety. • Anonymity of staff is not assured. 	<p>Strategies, 2015 – 2017:</p> <ul style="list-style-type: none"> • Identify mechanisms to manage and limit risks to individuals responsible for making decisions (e.g., anonymity, decisions by committees, personal security where required) • Explore opportunities to build capacity of QC lab staff (e.g., scholarships for domestic and international postgraduate education) <p>Inputs:</p> <ul style="list-style-type: none"> • Available international safety policies and procedures • Support of National Security and police forces 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Good communication and relationship between QC lab and National Security • Existence and support of donors <p>Barriers:</p> <ul style="list-style-type: none"> • Inadequate buy-in and support from key stakeholders • Conflicts of interest 	<ul style="list-style-type: none"> • MoPH GDPA <ul style="list-style-type: none"> ○ Develop and manage mechanisms to ensure the safety of QC lab staff • Ministry of Interior <ul style="list-style-type: none"> ○ Provide security support to the QC lab • National Security <ul style="list-style-type: none"> ○ Report companies that threaten QC lab staff • WHO, SPS <ul style="list-style-type: none"> ○ Provide technical assistance

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
2.7	Revise and improve, and enforce the use of existing job descriptions for pharmacists, pharmacy assistants, and trained staff providing pharmaceutical services in the public sector by the end of 2014	<ul style="list-style-type: none"> • Some cadres are operating outside of their job descriptions. • Current job descriptions do not clearly distinguish the roles and responsibilities of pharmacists and pharmacy assistants • Tasks of health workers in some contexts are not reflected in their job descriptions. • Performance appraisals are rarely used to improve worker performance. 	<p>Strategies, 2013–2014:</p> <ul style="list-style-type: none"> • Conduct task analysis of the main pharmaceutical HR positions in the public sector • Establish a committee to review and revise job descriptions for pharmaceutical personnel • Improve orientation of newly recruited pharmaceutical HR on their roles and responsibilities • Provide regular follow-up, monitoring, and supervision for the implementation of job descriptions <p>Inputs:</p> <ul style="list-style-type: none"> • Technical assistance to support task analysis and development of job descriptions • Financial resources 	<p>Opportunities:</p> <ul style="list-style-type: none"> • MoPH support • Availability of donors <p>Barrier:</p> <ul style="list-style-type: none"> • Lack of comprehensive job descriptions 	<ul style="list-style-type: none"> • MoPH GDPA <ul style="list-style-type: none"> ○ Developing comprehensive job descriptions ○ Monitoring and implementing the strategy • SPS <ul style="list-style-type: none"> ○ Technical assistance
2.8	Advocate for increases in private sector salaries for pharmacists and pharmacy assistants by 2015	<ul style="list-style-type: none"> • Low salaries in private pharmacies 	<p>Strategies, 2013–2015:</p> <ul style="list-style-type: none"> • Analyze and develop a suitable mechanism for the GDPA to work with the private sector to review and revise salary scales • Support the pharmacy association to negotiate salaries for pharmacists and pharmacy assistants <p>Input: Guidelines for salaries in the private sector by Policy and Planning Directorate of MoPH</p>	<p>Opportunities:</p> <ul style="list-style-type: none"> • Existence of the ANPA • Increasing demand for pharmacists' employment in private sector <p>Barriers:</p> <ul style="list-style-type: none"> • Lack of salary policy for pharmaceutical services in private sector <p>Employment of other health workers instead of pharmacists and pharmacy assistants (which is against pharmacy regulation)</p>	<ul style="list-style-type: none"> • MoPH HLIED <ul style="list-style-type: none"> ○ Support the development of salary range policy and regulation for the private pharmaceutical sector • ANPA <ul style="list-style-type: none"> ○ Represent private pharmacy employees and negotiate for salary revisions in communication with private sector stakeholders • Private sector • Review and revise salaries

Table 2. Pharmaceutical HR Management

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
2.9	Revise the benefits and allowances for pharmaceutical HR in MoPH regarding danger pay, overtime, and insurance for pharmaceutical HR by 2017	<ul style="list-style-type: none"> • No danger pay or allowances for hardship areas for pharmaceutical personnel, possibly contributing to very low density of pharmacists and pharmacy assistants in some provinces 	<p>Strategies, 2013–2017:</p> <ul style="list-style-type: none"> • Hold consultations with key stakeholders to identify possible options to review and revise benefits and allowances such as danger pay, hardship pay, and overtime • Develop a policy proposal for pharmacists and pharmacy assistants to be incorporated into the National Salary Policy for danger pay, hardship pay, and overtime • Strengthen implementation of existing recognition and reward policies • Specify budget required and include this objective in the first two years of the Strategic Plan for the MoPH (2011–2015) • Seek resources from MoF and donors <p>Inputs:</p> <ul style="list-style-type: none"> • Financial resources • Technical assistance to develop proposals • Approved pharmaceutical HR Strategic Framework 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Implementation of the pay and grading system • Development of Pharmaceutical HR is currently an MoPH priority. • Donors are available. <p>Barriers:</p> <ul style="list-style-type: none"> • Government inattention and inaction to address salary issues • Lack of presence of pharmacists in decision-making positions in MoPH • Limited number of pharmacists in government • Lack of suitable procedures for reviewing and revising salaries 	<ul style="list-style-type: none"> • MoPH GDHR <ul style="list-style-type: none"> ○ Develop policy proposal for revisions to the National Salary Policy ○ Develop a budget proposal for this required purpose • ANPA <ul style="list-style-type: none"> ○ Represent public sector pharmacy employees and negotiate for salary revisions • MoF <ul style="list-style-type: none"> ○ Confirmation and allocation of the necessary funds • Provision of needed funds

Table 3: Pharmaceutical HR Development

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
3.1	Ensure adequate quality of education provided by faculties of pharmacy and pharmacy institutes in both the public and the private sector by 2017	<ul style="list-style-type: none"> • Lack of harmonized system through which to regulate and enforce standards of education • Regulating and improving quality of education is important given the recent rapid expansion in the number of pre-service pharmacy education programs 	<p>Strategies, 2013 - 2017:</p> <ul style="list-style-type: none"> • Review and revise existing standards to set comprehensive national standards for pharmacy education structures, processes and outcomes • Establish a standard process for the initial and periodic independent assessment of pharmacy education programs against national standards • Provide technical assistance to pharmacy education providers to improve quality of education • Develop a system for the endorsement of programs that meet quality standards 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Availability of considerable donor support in the health sector • Availability of capacity-building projects within the sector • General interest in support of and work for the pharmaceutical sector • Existence of trained cadres <p>Barriers:</p> <ul style="list-style-type: none"> • Lack of training and education experts to establish and run the academic institutions • Lack of quality training and education materials, • Lack of up-to-date educational curriculum at the provincial level • Bad security situation in some provinces 	<ul style="list-style-type: none"> • Pharmacy Council (proposed) <ul style="list-style-type: none"> ○ Assess, regulate and endorse pharmacy education programs against set standards ○ MoHE, MoPH Set pharmacy education standards

Table 3. Pharmaceutical HR Development

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
3.2	Revise and enhance the pre-service curriculum of pharmacists and pharmacy assistants on rational use of medicines, pharmaceutical management, Essential Drugs List (EDL), and Licensed Drug List (LDL) by 2015	<ul style="list-style-type: none"> • Poor knowledge on rational use of medicines, EDL, and LDL • Poor quality of education in some education institutions 	<p>Strategies:</p> <ul style="list-style-type: none"> • Support the existing committee to regularly revise and enhance the pre-service curriculum in each training institution • Obtain appropriate reference materials and strengthen labs to support learning • Allocate budget for training from different donors • Plan and conduct an evaluation to analyze the effectiveness of the revised curriculum on rational use of medicines <p>Input:</p> <ul style="list-style-type: none"> • Technical assistance for curriculum development 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Existence of pharmacy faculty and medical institutes in public and private sectors • Existence of trained cadres • Existence of an initiative to establish an accreditation board at MoPH <p>Barrier:</p> <ul style="list-style-type: none"> • Low level of commitment among related stakeholders • Lack of adequate materials and lab infrastructure for teaching and learning in training institutions 	<ul style="list-style-type: none"> • MoHE <ul style="list-style-type: none"> ○ Approval for the revised pharmaceutical education curriculum and technical support of the review process ○ Endorsement of the revised curriculum • MoPH <ul style="list-style-type: none"> ○ Approval for the revised pharmaceutical education curriculum and technical support of the review process ○ Endorsement of the revised curriculum • SPS <ul style="list-style-type: none"> ○ Technical and financial support and coordination among relevant ministries • WHO <ul style="list-style-type: none"> ○ Technical and financial support for the process of revising EDL/LDL • Japan International Cooperation Agency <ul style="list-style-type: none"> ○ Financial support for the process of revising EDL/LDL • MoPH & MoHE <ul style="list-style-type: none"> ○ To start/accelerate the process for establishing pharmacy education accreditation board

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
3.3	Build the capacity of pharmacists and pharmacy assistants to perform pharmaceutical roles by 2017	<ul style="list-style-type: none"> • Poor competencies of personnel to select medicines for procurement and ensure rational use of medicines • Lack of training on pharmaceutical roles for those procuring or dispensing medicines • Capacity is needed to achieve the MoPH goal of expanding domestic pharmaceutical production to more than 30% of essential medicines • Staffs in the QC lab need adequate technical competencies to perform. 	<p>Strategies:</p> <ul style="list-style-type: none"> • Establish a system for regular needs assessments of competency development • Develop competency development strategies and training packages for identified needs • Improve coordination between GDPA/API/PE/QC Department to conduct training in QC, managing medicine supply, rational use of drugs, medicines safety and pharmacovigilance, and good dispensing practices • Develop a pharmaceutical HR training plan • Conduct pre-service and in-service training on pharmaceutical-related issues • Provide post-training follow-up and evaluate the effectiveness of training programs • Increase the number of international scholarships for pharmacists • Improve performance appraisals and performance feedback processes • Increase and build the capacity of human resources for pharmaceutical research and industry in the country <p>Inputs:</p> <ul style="list-style-type: none"> • Financial resources • Managing medicine supply, rational use of drugs, and good dispensing practices training program 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Availability of donors/NGOs • Availability of GDPA • MoPH/HR expert availability • Availability of training programs such as managing medicine supply, rational use of drugs, and good dispensing practices • Availability of API-research department <p>Barriers:</p> <ul style="list-style-type: none"> • Unavailability of local expert and funding • Low number of pharmacy trainers in pharmacy programs • Outdated and impractical curriculum in some training institutions • Inadequate number of positions for pharmacists in the government • Lack of medicine manufacturing factories • Lack of master's degree program • Lack of attention of high-level MoPH and MoHE authorities for the pharmacy profession • Lack of national capacity-building strategy 	<ul style="list-style-type: none"> • MoPH GDPA and GDHR, API, PE, QC Department, MoPH HLIED, NGOs, and private sector <ul style="list-style-type: none"> ◦ GDHR/GDPA conducts training needs assessment, plans training, conducts training, does M&E, undertakes post-training follow-up, performance appraisals, coordinates with donors and UN agencies for support • Faculty of Pharmacy and GIHS <ul style="list-style-type: none"> ◦ Produce HR in the relevant field ◦ Develop and revise curriculum • Donors: USAID, World Bank, European Commission, Canadian International Development Agency <ul style="list-style-type: none"> ◦ Financial support ◦ Monitoring • MoLSAMD <ul style="list-style-type: none"> ◦ Perform job market analysis and guide GDPA in taking necessary steps • SPS, WHO, UNICEF <ul style="list-style-type: none"> ◦ Technical assistance ◦ Support implementation of activities • MoHE <ul style="list-style-type: none"> ◦ Technical support ◦ Monitoring ◦ Accreditation ◦ Coordination with other countries to identify opportunities for higher education • MoF <ul style="list-style-type: none"> ◦ Allocate budget to maintain the structure • GDPA-API <ul style="list-style-type: none"> ◦ Facilitating the process to increase the number of human resources for pharmaceutical research

Table 3. Pharmaceutical HR Development

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
3.4	Strengthen the competencies of pharmaceutical HR in the medicine regulatory system by the end of 2017	<ul style="list-style-type: none"> • Need to develop competencies of pharmaceutical HR responsible for medicine regulation for the effective operation of the National Medicines and Food Board 	<p>Strategies:</p> <ul style="list-style-type: none"> • Identify the competency development needs and develop an orientation and continuing education programs to address needs • Seek financial support from donors <p>Inputs:</p> <ul style="list-style-type: none"> • Technical assistance to develop and conduct continuing education programs • Financial resources 	<p>Opportunities:</p> <ul style="list-style-type: none"> • Availability of donors/NGOs • Availability of GDPA • MoPH/HR expert availability • Increase the number of private institutions and employment of opportunity <p>Barriers:</p> <ul style="list-style-type: none"> • Lack of local expert • Resource constraints • Difficulty of hiring staff with higher education 	<ul style="list-style-type: none"> • MoPH's GDHR, GDPA, API, HLIED <ul style="list-style-type: none"> ◦ MoPH GDHR/GDPA is responsible to recruit, develop, appraise, prepare, and upgrade job description • Faculty of Pharmacy and GIHS <ul style="list-style-type: none"> ◦ Develop technical expertise in medicine regulation • Donors: USAID <ul style="list-style-type: none"> ◦ Provide technical and financial support • MoLSAMD <ul style="list-style-type: none"> ◦ Job market analysis for medicines regulatory positions and guide GDPA to take necessary steps • SPS, WHO, UNICEF <ul style="list-style-type: none"> ◦ Technical assistance • MoHE <ul style="list-style-type: none"> ◦ Technical support, monitoring, accreditation of training programs • MoF <ul style="list-style-type: none"> ◦ Allocate budget to maintain the regulatory structure and positions • NGOs <ul style="list-style-type: none"> ◦ Assist in implementation of pharmaceutical regulatory system
3.5	Improve the capacity of the GDPA supervision/monitoring staff and HLIED inspection staff by 2017	<ul style="list-style-type: none"> • Lack of comprehensive supervision tools and limited use of supervision tools • Limited supervision competencies among supervisors 	<p>Strategies, 2013–2017:</p> <ul style="list-style-type: none"> • Identify capacity-building needs and competency gaps of monitoring staff and supervisors • Develop a capacity-building proposal to strengthen supportive supervision • Create a training program on supportive supervision • Develop monitoring and supervision tools and guidelines • Provide and scale up a regular training program on 	<p>Opportunities</p> <ul style="list-style-type: none"> • Support of MoPH • Existence and support of donors <p>Barriers:</p> <ul style="list-style-type: none"> • Supervision Department in GDPA is not fully operational 	<ul style="list-style-type: none"> • MoPH GDPA and API <ul style="list-style-type: none"> ◦ Draft and develop the capacity-building program ◦ Provide needed resources and possibilities ◦ Provide M&E of the program and its effectiveness • MoPH GDHR <ul style="list-style-type: none"> ◦ Confirm and support mentioned programs ◦ Contribute and provide technical support • MoPH M&E Directorate and HLIED <ul style="list-style-type: none"> ◦ Support coordinated monitoring and supervision

Strategic objective number	Strategic objective	Statement of rationale	Strategies and inputs	Opportunities and barriers to implementation	Stakeholders and their roles
			supervision and monitoring by MoPH GDPA, API, and donors • Build the capacity of GDPA and HLIED to provide training on supervision Inputs • Technical assistance on supportive supervision • Trainers • Financial resources		<ul style="list-style-type: none"> • University of Kabul Faculty of Pharmacy <ul style="list-style-type: none"> ○ Play a supportive role in developing the curriculum revision • Donors and implementing partners <ul style="list-style-type: none"> ○ Technical and financial contributions • SPS <ul style="list-style-type: none"> ○ Technical assistance

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ANNEX 2. GLOSSARY

Adapted from “Glossary.” In Tata, H., T. Wuliji, and E. Cinnella. 2011. *Pharmaceutical Human Resources Assessment Tools*. Essential Medicines and Pharmaceutical Policies & Human Resources for Health. WHO/WMP/MPC2011.3. Geneva: World Health Organization. Glossary, 25–31. <http://apps.who.int/medicinedocs/documents/s18717en/s18717en.pdf>.

Cadre—professionally distinct group of the workforce defined by their roles and level of responsibility and competency.

Competency—a standardized requirement for an individual to properly perform a specific job. It encompasses a combination of knowledge, skills, habits and attitudes utilized to improve performance. More generally, competence is the state or quality of being adequately or well qualified, having the ability to perform a specific role, function, or task. Competencies refer to more than one set of requirements.

Competency framework—a complete collection of competencies that are thought to be essential to performance.

Education and training—the process by which an individual is equipped with the knowledge, skills and attitudes needed to produce the kind of performance necessary to achieve health services objectives.

License—a credential issued by a government or regulatory body that indicates the holder is in compliance with minimum mandatory requirements necessary to practice in a particular profession or occupation. (Similar term: Registration)

Performance—an effective and persistent observable behavior; what an individual actually does as opposed to what they can do.

Pharmaceutical human resources—any worker who provides pharmaceutical services (including pharmacists, pharmacy technicians, and others).

Pharmaceutical services—all service rendered by pharmaceutical staff to support the provision of pharmaceutical care. Beyond the supply of pharmaceutical products, pharmaceutical services include information, education, and communication to promote public health; the provision of medicines information and counseling; regulatory services; education; and training of staff.

Pharmacovigilance—detection, assessment, understanding, and prevention of adverse effects arising from medicine use.

Postgraduate education—training that occurs after the individual has graduated from an undergraduate program. It has a defined beginning and end. It usually leads to the award of a qualification.

Pre-service education—training that occurs before an individual is legally able to practice pharmacy independently.