

SPS Afghanistan LWA: A Retrospective Report



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SPS Afghanistan Leader with Associate: A Retrospective Report

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November 2013



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This report is made possible by the generous support of the American people through the US Agency for International Development (USAID), under the terms of cooperative agreement number GHN-A-00-07-00002-00. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

About SPS

The Strengthening Pharmaceutical Systems (SPS) Program strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. SPS focuses on improving governance in the pharmaceutical sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines.

Recommended Citation

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Bennett, R. J. 2013. *SPS Afghanistan Leader with Associate: A Retrospective Report*. Submitted to the US Agency for International Development by the Strengthening Pharmaceutical Systems (SPS) Program. Arlington, VA: Management Sciences for Health.

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ACRONYMS

AA	Associate Award
AHSEP	Afghanistan Health Services Enhancement Project
AHSSP	Afghanistan Health Sector Support Project
AMR	antimicrobial resistance
BPHS	Basic Package of Health Services
CMS	Central Medical Stores
CPDS	Coordinated Procurement and Distribution System
CPM	Center for Pharmaceutical Management
DMU	Drug Management Unit
DTC	Drug and Therapeutics Committee
EC	European Community
EPHS	Essential Package of Hospital Services
GDPA	General Directorate of Pharmaceutical Affairs
HR	human resources
HSS	health systems strengthening
ITA	international technical advisor
JICA	Japan International Cooperation Agency
JSI	John Snow, Inc.
LWA	Leader with Associate
MDS	managing drug supply
MoPH	Ministry of Public Health
MSH	Management Sciences for Health
NDTC	National Drug and Therapeutics Committee
NGO	nongovernmental organization
NMFB	National Medicine and Food Board
QA	quality assurance
REACH	Rural Expansion of Afghanistan's Community Based Healthcare
RMU	rational medicine use
SPS	Strengthening Pharmaceutical Systems
STG	standard treatment guideline
TOR	terms of reference
UNFPA	United Nations Population Fund
USAID	US Agency for International Development
WHO	World Health Organization

ACKNOWLEDGMENTS

The Strengthening Pharmaceutical Systems (SPS) Afghanistan Leader with Associate (LWA) was successful in large part due to broad support from the Ministry of Public Health (MoPH). In particular, Dr. Suraya Dalil, Minister of Public Health; Dr. Faizullah Kakar, former Deputy Minister for Technical Affairs; Dr. Abdul Basir Sarwar, Deputy Minister for Administrative Affairs; Dr. Hafiz Quraishi, General Director of the General Directorate of Pharmaceutical Affairs (GDPA); and Drs. Jumahir Anwari and Aisha Noorzaee, both former GDPA Directors, were key partners. The program's Agreement Officer's Technical Representative at USAID for the majority of the program's implementation, Ms. Susan Brock was also an invaluable collaborator and advocate for the important work of SPS.

We would like to thank the staff and international technical advisors (ITAs) at Management Sciences for Health (MSH) who were critical to winning and/or implementing SPS LWA: M. Zafar Omari, SPS LWA Country Team Leader; Mark Morris, SPS LWA Country Program Manager; Zahir Siddiqui, SPS LWA Rational Medicine Use (RMU) Advisor; Tawab Kahitab, SPS LWA Procurement Advisor; Wahid Karwar, SPS LWA Quality Assurance Advisor; Dr. Paul Ickx, MSH Principle Program Associate (ITA); Niranjan Konduri, MSH/Center for Pharmaceutical Management (CPM) Senior Program Associate (ITA); Terry Green, MSH/CPM Senior Program Associate (ITA); Dr. Tom Layloff, MSH/CPM Principle Technical Associate; Malcolm Clark, MSH/CPM (ITA); Andy Barraclough, MSH/CPM (ITA); Inua Yusuf, SPS Consultant (ITA); Allison Wong, MSH/CPM Senior Program Associate (ITA); Dr. David Lee, MSH/CPM Director for Technical Quality (ITA); Oliver Hazemba, MSH/CPM Senior Program Associate; Hare Ram Bhattarai, MSH/CPM Senior Program Associate (ITA); and Dr. Tana Wuliji, SPS Consultant (ITA). Most of these individuals have continued work to strengthen Afghanistan's pharmaceutical system under the follow-on SPS Afghanistan Associate Award (AA).

We would also like to thank the staff and ITAs who helped make this report possible: Rebecca Bennett, SPS Consultant (ITA); Dr. Paul Ickx, MSH Principle Program Associate (ITA); Kwesi Eghan, SPS Afghanistan AA Portfolio Manager; Zafar Omari, SPS Afghanistan AA Chief of Party; Mark Morris, SPS Afghanistan AA Deputy COP; Zahir Siddiqui, SPS Afghanistan AA Pharmaceutical Service/Field Coordination Manager; and Tawab Kahitab, SPS Afghanistan AA Supply Chain Development Manager.

EXECUTIVE SUMMARY

Since 2002, USAID has funded health system strengthening projects implemented by MSH in Afghanistan that included efforts to improve procurement and distribution of medicines and other pharmaceutical supplies. By 2008, USAID recognized the need to expand beyond procurement and distribution to a comprehensive pharmaceutical management approach, culminating in a dedicated, global initiative: the USD 4.5 million SPS Afghanistan LWA, also implemented by MSH.

The SPS LWA provided technical assistance and support to Afghanistan’s MoPH to improve national and peripheral levels of pharmaceutical management. Key program achievements include—

- Assessments/studies of rational medicine use; regulatory framework and structure for medicines and food in Afghanistan; medicine quality assurance; competency gap analysis; and pharmaceutical human resources.
- Foundational work for the development and publication of standard treatment guidelines; the transition of commodity supply management responsibilities from the Tech-Serve Project to SPS; and the development and implementation of a comprehensive health communications strategy and message development.
- Establishment of a Coordinated Procurement and Distribution System (CPDS); establishment of a national-level as well as facility-level Drug and Therapeutics Committees; and relaunch of the National Medicine and Food Board (NMFB), its secretariat, and two committees.
- Renovation of the Central Medical Stores (CMS) and provision of equipment and relevant training for relevant MoPH staff.
- Training of MoPH’s GDPA staff in a variety of areas of pharmaceutical management.
- Design and execution of RMU training packages for physicians and pharmacists.
- Support to Kabul University’s School of Pharmacy to revise and enrich its curriculum with pharmaceutical management modules.

Building and strengthening health systems are difficult and take time. It is work that—almost by definition—occurs primarily in challenging environments. The SPS LWA built on the work of its predecessors and expanded the understanding of pharmaceutical management from simply supply (“medicine on the shelf”) to that of a broad and critical discipline that includes: pharmaceutical policy, law, and regulation; selection; procurement; distribution; use; and management support. The SPS LWA also provided a foundation of pharmaceutical system strengthening that continues under the SPS Associate Award, work that would not be possible without SPS LWA’s achievements. This report highlights SPS LWA’s work—and USAID’s

investment in—strengthening Afghanistan’s health system, particularly in the context of the World Health Organization’s (WHO) “medical products, vaccines and technologies” building block of its health systems framework.¹ SPS LWA made important progress in four of the five priority areas² defined by WHO in this building block: (1) establish norms, standards, and policy options; (2) procurement; (3) access and use; and (4) quality and safety (table 1).

Table 1. SPS LWA Achievements by “Medicines Building Block” Priority Areas

Medical products, vaccines, and technologies	
Priority area	SPS LWA achievements
1. Norms, standards, and policy options	<ul style="list-style-type: none"> • National Drug and Therapeutics Committee • Strategic framework for pharmaceutical human resources • Standard treatment guidelines
2. Procurement	<ul style="list-style-type: none"> • Coordinated procurement and distribution system
3. Access and use	<ul style="list-style-type: none"> • Medicine use study • Renovation of the Central Medical Stores • Planning and preparation: Drug Management Unit transition • Health communications strategy and messages • Rational medicine use trainings
4. Quality and safety	<ul style="list-style-type: none"> • National Medicine and Food Board • Quality assurance reports • Foundation for future quality assurance work

Source: Priority areas from WHO. *Everybody’s Business: Strengthening Health Systems to Improve Health Outcomes: WHO’s Framework for Action.* WHO: Geneva, 2007.

¹ WHO. *Everybody’s Business: Strengthening Health Systems to Improve Health Outcomes: WHO’s Framework for Action.* WHO: Geneva, 2007.

² The fifth priority is the development, testing, and use of new products. SPS did not work in this area because it was not yet relevant in Afghanistan. Efforts focused on re-establishing the most basic functions of the country’s pharmaceutical system. However, the project did stimulate innovative policy, such as the CPDS.

INTRODUCTION

Afghanistan is classified by the United Nations as one of the least developed countries. It has a highly complex and fragmented pharmaceutical sector. Since 2002, the US Agency for International Development (USAID) funded health system strengthening projects implemented by Management Sciences for Health (MSH) that included efforts to improve procurement and distribution of medicines and other pharmaceutical supplies. Procurement and distribution were recognized as essential aspects of pharmaceutical management, particularly early in the establishment of Afghanistan's Basic Package of Health Services (BPHS). However, USAID understood the need to expand beyond these two areas. In order to comprehensively address pharmaceutical management, USAID's previous interventions culminated in a dedicated, comprehensive pharmaceutical management initiative: the USD 4.5 million Strengthening Pharmaceutical Systems (SPS) Afghanistan Leader with Associate (LWA) award.

Health and pharmaceutical interventions funded by USAID since 2002 evolved logically toward systems strengthening. For example, standard treatment guidelines (begun under the SPS LWA) must reflect the needs of the population and services offered in a country. The BPHS was developed under the Rural Expansion of Afghanistan's Community Based Healthcare (REACH) Program. Furthermore, for Afghanistan to sustain any pharmaceutical interventions, the General Directorate of Pharmaceutical Affairs (GDPA) of the Ministry of Public Health (MoPH) needed to be strengthened and have a meaningful seat at the table—a primary focus of the SPS LWA.

The SPS LWA operated in Afghanistan from October 2008 through August 2011, after which USAID issued a follow-on Associate Award (AA), also using the SPS mechanism. The program worked to build the capacity in the GDPA of the MoPH. SPS built local capacity in various aspects of pharmaceutical management so that the GDPA could assume its role and responsibilities for overseeing the public and private pharmaceutical sectors in Afghanistan. SPS LWA implementation contributed to SPS' worldwide focus areas and was guided by the following technical objectives—

- **Technical Objective 1:** Improve the use of medicines through the development and implementation of Drug and Therapeutics Committees (DTC)
- **Technical Objective 2:** Build the capacity of the MoPH and other partners to manage pharmaceutical services
- **Technical Objective 3:** Build the capacity of the MoPH to assure the quality of pharmaceutical products entering into and used within the country
- **Technical Objective 4:** Establish a Coordinated Procurement and Distribution System (CPDS) within the MoPH for USAID and other donors
- **Technical Objective 5:** In collaboration with USAID, other donors, and the MoPH, design the system for USAID procurement of pharmaceuticals to be implemented after the conclusion of the Tech-Serve Project

Purpose of this Report

Building and strengthening health systems are difficult and take time. It is work that—almost by definition—occurs primarily in challenging environments. The SPS LWA built on the work of its predecessors and expanded the understanding of pharmaceutical management from simply supply (“medicine on the shelf”) to that of a broad and critical discipline that includes: pharmaceutical policy, law, and regulation; selection; procurement; distribution; use; and management support. The SPS LWA also provided a foundation of pharmaceutical system strengthening that continues under the SPS Associate Award, work that would not have been possible without SPS LWA’s achievements. SPS LWA produced many practical tools and publications (annex A) and collaborated with a wide range of public- and private-sector organizations (annex B) during the program.

By strengthening Afghanistan’s pharmaceutical system—one of the World Health Organization’s (WHO) six building blocks of a health system—SPS LWA helped to strengthen Afghanistan’s entire health system. This report presents the program’s achievements in relation to the components of WHO’s “medical products, vaccines, and technologies” building block and to health systems strengthening (HSS), in general. This report also highlights this important aspect of USAID’s investment in HSS in Afghanistan.

Background: MSH and SPS in Afghanistan

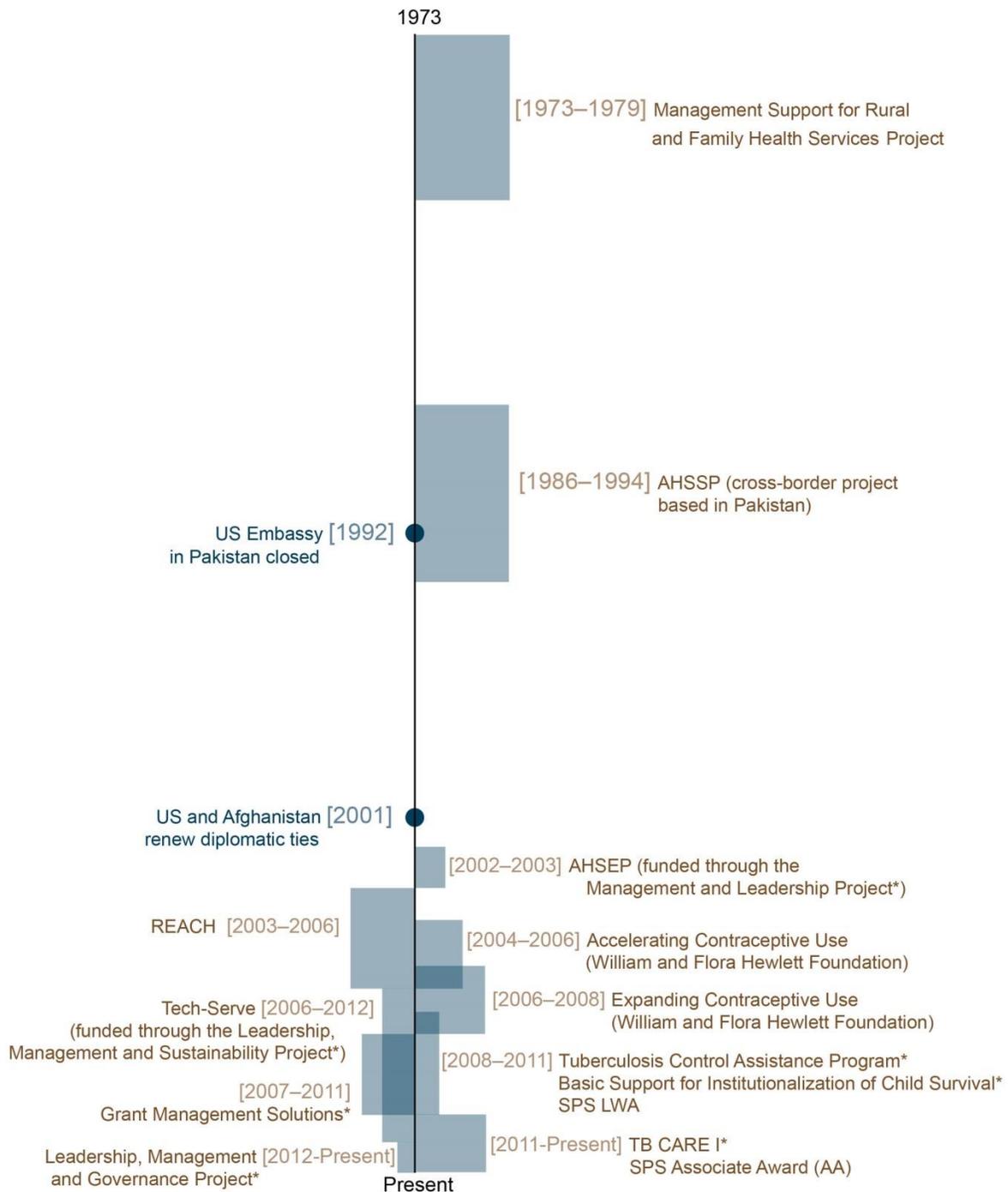
MSH is one the most experienced US organizations working in Afghanistan and has a long history of assistance in strengthening the country’s health system. It began work in Afghanistan in 1973 under a six-year USAID-funded project that helped strengthen the MoPH and expand rural health services. The project was instrumental in building management systems in the MoPH, helping rural health centers throughout the country improve their management of basic medicines and supplies, and facilitating passage of a generic drugs law. In 1986, MSH returned to the region, implementing the Afghanistan Health Sector Support Project (AHSSP), a cross-border project based in Peshawar, Pakistan. Among other achievements, the USD 60 million, eight-year endeavor trained Afghans in setting up and running pharmaceutical distribution systems.

Through AHSSP, **more than one million pounds of primary care medicines and supplies** were transported from Pakistan to Afghanistan and distributed to hundreds of clinics in the midst of a protracted war. Millions of doses of vaccines were carried by mule or on the backs of health workers over the passes of the Hindu Kush mountain range.

In 1992, the USAID mission in Pakistan closed due to nuclear non-proliferation sanctions imposed by the US Government. This closure and the ongoing conflicts in Afghanistan made development efforts nearly impossible for a decade. MSH was among the first organizations to return to Afghanistan after the US and Afghanistan renewed diplomatic ties in late 2001.

MSH implemented several projects (most funded by USAID) in Afghanistan between 2002 and early 2013 (figure 1). Three of the projects preceding SPS LWA included technical assistance in

pharmaceutical management to Afghanistan’s MoPH and nongovernmental organizations (NGO): the Afghanistan Health Services Enhancement Project (AHSEP), the REACH Program, and the Tech-Serve Project.



*USAID/Afghanistan funded some initiatives in Afghanistan through buy-ins or Associate Awards to existing global mechanisms managed from Washington, D.C.

Figure 1. Timeline of MSH in Afghanistan (Note: Projects funded by USAID unless otherwise specified.)

At the request of the MoPH and with support from USAID, the European Commission, United Nations Population Fund (UNFPA), and Japan International Cooperation Agency (JICA), MSH (through AHSEP) led Afghanistan's first nationwide assessment of health resources in a decade. Subsequently, MSH helped develop the BPHS through a collaborative process with numerous donors, implementers, and other partners and stakeholders. The BPHS is delivered through performance-based grants to national and international NGOs. The performance-based grants system began under REACH and is now managed by the MoPH with MSH technical assistance.

In 2008, the USAID Mission invited the SPS Program (also implemented by MSH) to build on prior work to increase the country's ability to manage pharmaceuticals. The program included technical assistance and support to the MoPH, with the goal of significantly improving the pharmaceutical system. By October 2008, SPS was assisting the MoPH at national and peripheral levels in pharmaceutical management.

Key achievements of the SPS LWA include—

- Assessments/studies of rational medicine use, regulatory framework and structure for medicines and food in Afghanistan, medicine quality assurance, competency gaps, and pharmaceutical human resources
- Foundational work for the development and publication of standard treatment guidelines, the transition of commodity supply management responsibilities from Tech-Serve to SPS; and the development and implementation of a comprehensive health communications strategy and message development
- Establishment of a Coordinated Procurement and Distribution System (CPDS); establishment of a national and facility-level drug and therapeutic committees; and relaunch of a National Medicine and Food Board (NMFB), its secretariat, and two committees
- Renovations of the Central Medicine Stores (CMS) and provision of equipment and relevant training for GDPA staff
- Design and execution of rational medicine use training packages for physicians and pharmacists
- Support to Kabul University School of Pharmacy to revise and enrich their curriculum with pharmaceutical management modules

Background: Afghanistan's MoPH GDPA

When the international donor community returned to Afghanistan in 2002, the country's health sector—like other sectors—had been devastated by decades of war and instability. The MoPH

lacked the material and human resources to provide even the most basic services to the Afghan people. It therefore assumed a stewardship role, working with the many donors and implementing organizations already working and eager to help expand health services in the country. Stewardship includes coordination, oversight, and guidance. It requires skills and resources that the MoPH largely lacked. In each of its projects, MSH worked with many actors and stakeholders in Afghanistan's health system to help the MoPH fulfill its role as a steward. Examples include the establishment of terms of reference (TOR) and functional support for official coordination bodies and mechanisms within MoPH structures.

One of seven directorates in MoPH (annex C), the GDPA had been badly neglected, even when compared to the Ministry overall, and its other directorates. Material and technical investments in the GDPA were limited during the rapid expansion of health services and development of MoPH capacity in the early 2000s because BPHS medicines were donated and, therefore, required minimal GDPA involvement. The GDPA did not participate in major health sector forums or committees and, as a result, many people either did not know the GDPA existed or did not understand its role in the health sector. The GDPA's shortages of resources, staff, and capacity contributed to the situation as well. Yet the directorate—like the MoPH—has a very important role in setting standards and coordinating the many actors in Afghanistan's pharmaceutical sector.

WHO Health System Framework

In 2007, WHO published a health system framework with six building blocks: service delivery; health workforce; information; medical products, vaccines, and technologies; financing; and leadership/governance.³ The framework's purpose is to “promote a common understanding” of the components of a functional health system, and to identify gaps and prioritize interventions for health systems strengthening. The paper accompanying the framework is careful to note that the functions (the “building blocks”) are interconnected and interdependent. Interventions must therefore be integrated and the entire system must be considered when planning and implementing interventions. While the SPS LWA was designed to focus on the pharmaceutical system (the “medical products, vaccines and technologies” block) in Afghanistan, the program's work touched on each of the other blocks and strengthened the overall health system.

Equitable Access to Essential Medicines: A Building Block for Health Systems

“A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.”⁴

The GDPA's role as a steward—coordinating, regulating, and overseeing pharmaceutical affairs—is at the heart of a functional pharmaceutical system in Afghanistan. To this end, SPS

³ WHO. *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action*. (Geneva: WHO, 2007): vi.

⁴ *Ibid.*, vi.

LWA provided GDPA with critical systems and equipment to help establish a functional and modern office infrastructure. Contributions included computers, internet access and service, and copy machines. SPS also engaged a computer-skills teacher and an English teacher in 2009 to give lessons to GDPA staff. Seventy staff members took advantage of the computer training, faithfully attending the training sessions and putting their skills to work in their jobs. Reports and notes that used to be handwritten were instead typed on computers and printed. Word, Excel, and Access were mastered and used in reports. Communication with other departments of the Ministry was enhanced through e-mail, and tasks were completed in a timelier manner. About 35 staff participated in the English classes and quickly advanced to greater understanding and ability to speak. English skills have given GDPA staff access to meetings with donors.

In addition to this broad support to the GDPA, SPS LWA made contributions to four of the five priority areas⁵ identified in the “medicines block” of WHO’s health system framework: (1) establish norms, standards, and policy options; (2) procurement; (3) access and use; and (4) quality and safety. These priority areas headline subsequent sections of this report.

⁵ The fifth priority is the development, testing, and use of new products. SPS did not work in this area because it was not yet relevant in Afghanistan. Efforts focused on re-establishing the most basic functions of the country’s pharmaceutical system. However, the project did stimulate innovative policy, such as the CPDS.

NORMS, STANDARDS, AND POLICY OPTIONS

“Set, validate, monitor, promote, and support implementation of international norms and standards to promote the quality of medical products, vaccines and technologies, and ethical, evidence-based policy options and advocacy.”⁶

Afghan laws and regulations pertaining to pharmaceuticals and pharmaceutical management were scattered and inadequate, often out of date or not in line with global standards or local realities. With SPS LWA technical assistance, the MoPH and GDPA began to establish a critical foundation for quality health care and pharmaceutical services. Working side-by-side with government counterparts, SPS LWA also strengthened the counterparts’ capacity to convene and coordinate stakeholders, assess needs, and develop and enforce standards. In four years, the program influenced the establishment of several critical norms, standards, and policies for quality pharmaceutical management.

Achievement: National Drug and Therapeutics Committee

DTCs are a key intervention in the 2001 WHO Global Strategy to contain antimicrobial resistance (AMR) and improve the use of medicines in hospitals. DTCs provide the leadership and structure to encourage efficient and appropriate procurement and distribution, to promote rational medicine use (RMU), to reduce waste or misuse, and to generally optimize medicine expenditures and help improve patient outcomes. DTCs can be valuable at institutional, peripheral, and central levels. A National Drug and Therapeutic Committee (NDTC) was an unfamiliar concept to many in the GDPA and MoPH prior to 2009.

Over a period of several months, SPS LWA staff began to orient stakeholders to the purpose, function, and benefit of an NDTC. The MoPH approved its establishment in 2009. With SPS LWA support, the MoPH identified 13 stakeholder institutions that should be involved. Leadership within those institutions selected representatives to the NDTC based on criteria suggested by SPS LWA. Forty of the representatives participated in a two-week training during which they became familiar with the NDTC as a concept and what they were expected to do as NDTC representatives. To guide the work of the NDTC and its staff, SPS LWA worked with the GDPA/MoPH to develop TORs, and one- and three-year implementation plans for the Committee. Trained NDTC representatives and SPS LWA staff worked to establish DTCs at the facility level as well, piloting DTCs at three hospitals: Indira Gandhi Children’s Hospital, the Nangarhar Regional Hospital, and the Farkhar District Hospital. In response to requests from the Noor Eye Hospital and Somatology Dental Hospital, SPS also supported the establishment of DTCs in those institutions. The NDTC was instrumental in other SPS LWA achievements, including RMU interventions (pages 14 and 15) and the development of standard treatment guidelines (STG) (page 9).

⁶ Ibid., 20.

Achievement: Strategic Framework for Pharmaceutical Human Resources

Human resources (HR) are an essential component of any functional health system. Weaknesses in human resources for health can severely hinder the effectiveness of interventions in other areas. Similarly, pharmaceutical human resources are essential to an effective pharmaceutical system. Shortages in personnel and deficiencies in their capacity were to be expected given the country's instability in recent decades. However, a systematic review of gaps, particularly with regard to pharmaceutical management, was a prerequisite to the development of a strategic framework for pharmaceutical human resources and any effective efforts to recruit and train new staff or expand the capacity of existing staff.

SPS LWA worked with the MoPH to conduct a two-phased assessment of human resources in 2011, first focusing on national and provincial levels and then on facility and individual levels. The assessment was conducted according to four key principles: Afghan ownership and leadership; a needs-based approach; multi-stakeholder engagement; and an evidence-based approach. Assessment findings confirmed and quantified problems that were widely known, but not formally documented. The assessment allowed the MoPH, donors, and key implementers to prioritize and justify appropriate interventions, including these urgent issues—

- Gaps in information and information flows regarding density, distribution, roles, competency development needs, or projected requirements for pharmaceutical human resources.
- Shortages and imbalanced distribution of pharmaceutical human resources across public- and private-sector posts, and urban and rural areas. Many people working in the pharmaceutical workforce were trained in other specialties (health and nonhealth).
- Salaries that were so low, even trained pharmaceutical workers with a steady position could not earn a living.
- Critical competency gaps in pharmaceutical procurement, supply chain management, and dispensing.

After the findings were presented, representatives from SPS LWA, MoPH, and a range of other stakeholders came together in 2012 to develop and build consensus on a strategic framework for improving pharmaceutical human resources and addressing the key gaps and issues identified in the assessment. This framework was accepted by the MoPH and incorporated into its human resources operational plan. The framework has and will continue to guide interventions to educate, recruit, place, and provide continuing education for pharmacists and other pharmacy staff in Afghanistan.

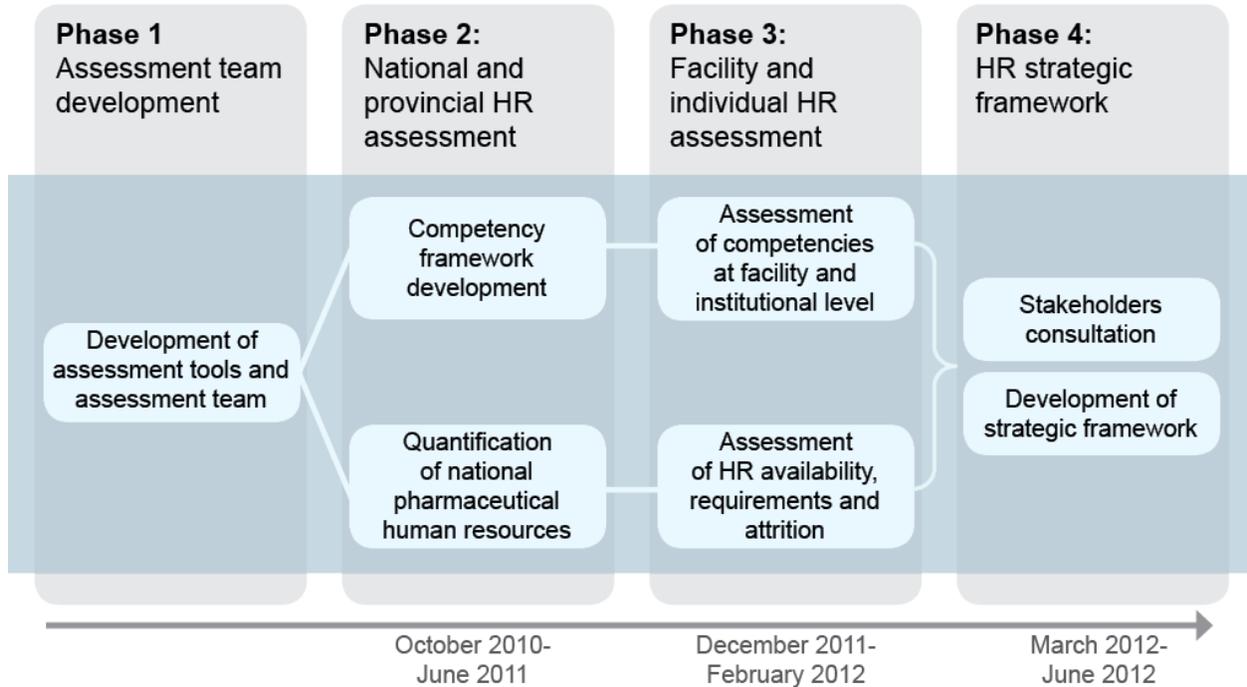


Figure 2. Overview of the assessment and strategic framework development process

Achievement: Standard Treatment Guidelines

Health providers across Afghanistan have worked without STGs for most diseases, and the guidelines that did exist were out-of-date and often incomplete. Lacking STGs, even well-intentioned providers are not able to make well-informed prescribing decisions. Irrational medicine use contributes to AMR, increased health care costs, inefficient use of resources, and overall morbidity and mortality. To bridge this fundamental gap, SPS LWA provided technical assistance to the MoPH, in collaboration with the WHO and Kabul Medical University, to prepare a strategic framework for developing STGs that corresponds to Afghanistan’s BPHS.

Starting in early 2010, SPS LWA sponsored a workshop for stakeholders and gained wide support and buy-in from government, health care professionals, NGOs, the private sector, and international health agencies. SPS LWA conducted a writing workshop for 37 stakeholders in May 2010. At the workshop, SPS LWA facilitators introduced treatment guideline concepts and frameworks to teach specific principles of writing STGs. Before the end of that month, the STG Working Group selected a final group of writers based on their qualifications. An intensive and iterative process of guideline writing, revision, and re-writing began soon thereafter. By August 2011, more than 160 monographs had been reviewed and were ready for incorporation into a consolidated draft and review by external technical editors. This intervention helped establish STGs—a critical tool for health providers—and a group of trained Afghan professionals who can develop and revise future STGs with limited or no outside assistance.

PROCUREMENT

“Encourage reliable procurement to combat counterfeit and substandard medical products, vaccines and technologies, and to promote good governance and transparency in procurement and medicine pricing.”⁷

Lacking adequate funds and other resources, Afghanistan relies on international donors and NGOs to procure (and distribute) most of the country’s essential medicines. The process is highly fragmented. The European Community (EC), World Bank, and USAID are the major donors in Afghanistan’s pharmaceutical sector; they work with more than 40 NGOs across the country. Each donor has its own mechanisms, processes, and procedures for procurement and distribution. There is very little reporting across donors, making it arduous to determine whether available funding for essential medicines meets the country’s needs. Without comprehensive information at the central level, the government and stakeholders cannot make complete and informed decisions about pharmaceutical procurement and distribution. Furthermore, this lack of coordination makes for inefficient use of financial, technical, and human resources in the pharmaceutical sector.

Achievement: Coordinated Procurement and Distribution System

Without adequate resources and effective management of the resources, health providers and institutions across Afghanistan cannot be guaranteed adequate stocks of medicine and cannot adequately treat their patients. In the absence of centralized guidance and coordination, donors and implementers are likely to duplicate each other’s efforts and are unable to complement each other’s work effectively. For example, a facility may stock-out of a critical medicine and turn patients away, while another facility a few kilometers away may have an excess of the same medicine approaching expiration.

In response, SPS LWA brought its experiences from Rwanda to help the GDPA/MoPH establish a CPDS, a forum for all entities that procure or distribute pharmaceuticals in Afghanistan’s public sector. The CPDS facilitates information sharing among donors, different MoPH departments and their leadership, United Nations agencies, NGOs contracted for service delivery, and the private sector. The CPDS also encourages efficient use of available resources and provides the MoPH with a clearer picture of the public-sector pharmaceutical supply system’s structure and effectiveness. The ultimate objective of the CPDS is to maximize the purchasing power of donor funds and resources, while strengthening the MoPH’s capacity to oversee pharmaceutical supply through a coordinated process.

With technical assistance from SPS LWA, stakeholders came together to develop and operationalize a governance framework that guides and directs the coordination process. Through an extensive orientation and consensus-building process, all stakeholders came to understand and buy into the CPDS concept, agreeing that the GDPA-led CPDS would serve as

⁷ Ibid.

the main coordination body for procurement and distribution. Advocacy and sensitization also helped the MoPH to include the CPDS in its strategic plan.

Achievements of the CPDS during the SPS LWA period of performance include—

- Three technical committees were established; the committees developed and began to implement their 18-month action plans.
- CPDS stakeholders developed, approved, and published a governance framework for the forum.
- CPDS stakeholders began to revise national medicine policy.
- The GDPA established an internal quantification unit with CPDS support.
- A complete map of each CPDS partners' procurement and distribution procedures, guidelines, and tools was prepared.

ACCESS AND USE

“Promote equitable access, rational use of and adherence to quality products, vaccines and technologies through providing technical and policy support to health authorities, professional networks, consumer organizations and other stakeholders.”⁸

Achievement: 2009 Medicine Use Study

To better understand the state of affairs in Afghanistan with regard to medicine use, SPS LWA collaborated with MoPH to plan and conduct a survey of 28 health facilities (primary care and hospital) in five provinces in March and April 2009. SPS LWA and MoPH jointly analyzed the survey data in subsequent months, presented at the Afghanistan DTC training course in July 2009 (page 7), and issued a comprehensive report on the findings in December 2009. Given the dearth of pharmaceutical-related data in Afghanistan, this study remains invaluable to decision makers throughout the country, informing interventions such as—

- RMU and AMR health messages (page 14) and provider trainings (pages 14 and 15)
- HR competency assessment (page 8)
- Curriculum revisions at Kabul University’s Faculty of Pharmacy
- Establishment of national and facility-level DTCs, and determining their priorities and areas of focus
- Development of STGs for the BPHS

Achievement: Central Medical Stores Renovations

MoPH’s Central Medical Stores (CMS) are Afghanistan’s sole public entity for the receipt, storage, and distribution of essential medicines and commodities. For two decades, the building was badly damaged and poorly maintained. The facility became a dumping ground for obsolete or damaged equipment and lacked procedures for selling or disposing of unneeded goods.

To make the CMS functional again, SPS LWA conducted a needs assessment, procured required equipment and tools, and helped refurbish and renovate the structure. The CMS now has a dedicated cold storage room with functioning air conditioning to protect heat-sensitive medicines, and more adequate, well-lit storage space for essential medicines.

⁸ Ibid., 21.



Condition of Central Medical Stores before refurbishment



USAID helped refurbish the Ministry of Public Health's Central Medical Stores. The renovated, well-lit warehouse is now air-conditioned to maintain the correct temperature range to maintain the quality of essential medicines.

Achievement: Planning and Preparation for Drug Management Unit Transition

Prior to the award of SPS LWA, the REACH and Tech-Serve projects had a Drug Management Unit (DMU) to ensure that the necessary medicines were available to facilities offering the BPHS and Essential Package of Hospital Services (EPHS) with project support. While the DMU was effective under both projects, there was room for greater involvement of Afghan government counterparts. Capacity gaps (in both the MoPH and NGOs providing BPHS and EPHS services) documented by Tech-Serve suggested the need to re-emphasize comprehensive pharmaceutical management. Furthermore, with Tech-Serve ending in July 2010, another entity needed to take over procurement and distribution. (USAID ultimately extended Tech-Serve until 2012.)

USAID first engaged SPS LWA to strengthen pharmaceutical capacity and systems of the MoPH while the Tech-Serve DMU worked with NGO partners. Later, USAID requested that SPS LWA assess the options for procurement, warehouse management, and distribution of medical commodities to USAID-supported NGOs after the end of Tech-Serve. After reviewing the options provided, USAID decided to shift procurement responsibilities from MSH's Center for Pharmaceutical Management (CPM) to John Snow Inc.'s (JSI) DELIVER Project, and warehouse management and distribution from Tech-Serve to the anticipated follow-on to SPS LWA, the SPS Afghanistan AA. Preparation for the transition began under SPS LWA; the final outline for the transition was agreed upon with USAID in August 2010. The plan indicated clear milestones for the transition—

- Tech-Serve/DMU staff shift to the SPS AA and work with GDPA/MoPH counterparts, as needed.
- Leases and other legal obligations to conclude and/or be handed over to the SPS AA.
- Tech-Serve/DMU and SPS LWA staff work with JSI/DELIVER to develop and finalize procurement systems.

The transition occurred almost seamlessly, without any disruption in supply to NGO partners responsible for service delivery, and was completed in November 2011. The stock of medicines transferred was valued at approximately USD 8 million, not including orders Tech-Serve had placed to maintain inventory through September 2012.

Achievement: Health Communications Strategy and Messages

The WHO has made improving the use of medicines a high priority issue, emphasizing RMU as an important intervention to contain AMR. Irrational medicine use contributes to increased health care costs, inefficient use of resources, AMR (from misuse of antibiotics in particular), and overall morbidity and mortality. Patients contribute to this misuse of medicine largely because they are poorly informed. Many patients in Afghanistan do not know that they need to finish all of their prescribed medicine and take it exactly as directed. They may erroneously think that injections are more powerful than pills or that antibiotics are appropriate for every case of diarrhea or the common cold. Patients in Afghanistan also often get their medicine from unqualified providers who are unable to provide accurate information even if the patient does ask about proper medicine use. Raising awareness among both health providers and patients is an important first step for improving RMU and reducing AMR.

In response, SPS LWA worked closely with the MoPH to educate the public about the critical issues of RMU and AMR. With SPS LWA technical assistance, the MoPH developed a health communications strategy and messages to promote RMU. The first message was broadcast nationally on both radio and television during the SPS LWA implementation period, and all messages carried over to the SPS AA health communications efforts. Consistent with SPS LWA's commitment to improving capacity among GDPA/MoPH pharmacy staff and with an eye to longer-term sustainability, the program also included a well-received, SPS-sponsored course on designing health messages. Many of the MoPH staff responsible for health communications had never received this type of training. More than 30 people participated in the course and studied such topics as—

- How to write short, concise, and easy-to-understand messages to communicate accurate health messages to the public.
- The consideration of different channels for reaching the Afghan public (e.g., radio, television, newspapers, posters, and billboards).
- The importance of understanding the target audience when developing health messages.

Achievement: Rational Medicine Use Trainings for Pharmacy Students and Practitioners

Without trained providers, the pharmaceutical system will remain lacking. To develop the necessary skills among those providers, pre-service and in-service education and curricula must

be of high quality and thorough. To assess the relevance and comprehensiveness of the existing pharmaceutical curriculum at Kabul University’s Faculty of Pharmacy, SPS LWA and university stakeholders compared the curriculum with WHO international standards. SPS LWA, the GDPA/MoPH, the MoPH General Directorate for Human Resources, and the Ministry of Higher Education continue to use the resulting competency framework with the Faculty of Pharmacy and Ghazanfar Institute for Health Sciences as a resource for curriculum development and revision. The mapping exercise was also one of the drivers for the comprehensive pharmaceutical human resources assessment and strategic framework development (page 8) in 2011–2012.

Critical gaps identified in the curricula included managing drug supply (MDS), RMU, and data collection and analysis with regard to pharmaceutical management. To begin raising awareness of MDS and RMU and strengthen the skills of working pharmacists, SPS LWA organized or assisted in the organization of 21 trainings between November 2008 and August 2011. A total of 728 (159 female, 569 male), including national and provincial MoPH staff, Kabul University Faculty of Pharmacy students, and national NGO and private-sector staff participated. The trainings helped inspire in-depth curriculum revision (occurring under SPS Afghanistan AA) and stimulated interest in a detailed human resources assessment.

Table 2. SPS LWA-Supported Trainings

Course topics	# of courses held	Average course length	# of participants	Representation breakdown
MDS, RMU	8	7 days	376 (85 female, 291 male)	<ul style="list-style-type: none"> • National MoPH (60%) • Kabul University (36%) • National NGO or private sector (4%)
Data collection and analysis	13	4 days	352 (74 female, 278 male)	<ul style="list-style-type: none"> • National MoPH (59%) • Provincial MoPH (30%) • MoPH facilities (11%)

QUALITY AND SAFETY

“Monitor the quality and safety of medical products, vaccines and technologies by generating, analyzing, and disseminating signals on access, quality, effectiveness, safety, and use.”⁹

Achievement: National Medicine and Food Board

Regulating the quality of medicines that are distributed and used in a country is a critical component of a functioning pharmaceutical system. Afghanistan had a National Medicine Board. The MoPH expanded it to include food, establishing the National Medicine and Food Board (NMFB) in 2009. The NMFB was envisioned as a multidisciplinary body to oversee and catalyze regulatory activities in medicines and food products, rather than to hold a direct regulatory authority. When lack of access to technical expertise and poor coordination left the Board unable to fulfill its advisory role, the MoPH asked SPS to explore options for establishing a comprehensive framework for regulating medicine and food products.

By March 2010, SPS LWA had conducted an initial assessment of the existing regulatory system and structure and identified three options for the NMFB and MoPH to consider. Ultimately, the NMFB task force determined that the most feasible and sustainable way forward was to strengthen the capacity of the NMFB so that it could effectively oversee, coordinate, and advise the numerous public and private entities involved in overseeing or participating in different aspects of regulating the production and importation of medicines and food. (Other options included leveraging existing shared regulatory resources and activities, and establishing an independent food and drug administration for Afghanistan.) At the same time, the task force approved the proposed action plan for the way forward. Proposed functions included but were not limited to—

- Drafting/updating legislation
- Defining lines of accountability
- Implementing documentation/recordkeeping, reporting, and follow-up activities
- Developing relevant regulatory tools (e.g., registered medicines database, standard operating procedures, and guidelines)
- Implementing medicine law more effectively
- Developing short-, medium-, and long-term indicators to monitor progress

⁹ Ibid.

With SPS LWA technical assistance, the MoPH re-launched the NMFB, established a secretariat (including separate food and medicine committees) to provide technical support to the NMFB, and revised the TORs for the Board, secretariat, and both committees. SPS LWA and the MoPH also oriented the appropriate people on the TORs and began to strengthen existing bodies that perform regulatory functions (e.g., GDPA).

Achievement: Quantitative and Qualitative Quality Assurance Reports

To determine whether medicines in Afghanistan comply with established international pharmacopeial standards, SPS LWA provided technical assistance to the MoPH in conducting an assessment of the country's readiness and areas for improvement in the area of quality assurance (QA). The SPS LWA-MoPH team surveyed public- and private-sector facilities in eight provinces. As in other facets of Afghanistan's health sector, limited or no data were available on the country's ability to assure quality, or on the state of affairs with regard to medicine quality. After several rounds of stakeholder reviews, a quantitative and a qualitative report (available in both English and Dari) was finalized in March 2011.

Key findings from the report include—

- Ninety-one percent of the medicines collected and tested met United States Pharmacopeia and International Pharmacopeia standards.
- Substandard products were found in both public (government and donor-supported) and private sectors, and were not confined to particular procurers, manufacturers, or countries of origin.
- Structures, procedures, and policies to adequately regulate quality in the pharmaceutical sector are sorely lacking.
- Afghanistan does not have a Good Manufacturing Practice inspectorate or national guidelines.
- Implementation and enforcement of existing policies, legislation, and regulation are weak due to overall weak capacity (including infrastructure, human and material resources). This finding applies to the public and private sectors.
- Registration and licensing procedures for pharmaceutical practitioners and establishments are inadequate and even nonexistent.
- Afghanistan lacks a system for monitoring medicine quality, adverse reactions, medication errors, and overall pharmacovigilance.

The reports were shared with and approved by the MoPH Quality Assurance Task Force in May 2011 and presented to MoPH in July 2011. The Deputy Minister of Public Health approved the reports and Board members agreed to all of the recommendations proposed. Implementation of

the recommendations was suspended in the last months of the SPS LWA due to limited funding and because the follow-on AA was pending.

Achievement: Foundation for Future Quality Assurance Work

The re-launch of the NMFB and of its food and medicine committees, and the assessment reports provided a strong foundation for future QA work in Afghanistan. SPS LWA supported the Quality Assurance Task Force by assisting in the development of a strategic roadmap, agenda, TOR, and one- and three-year work plans. In the last months of the SPS LWA, the task force's work was postponed while the NMFB terms of reference were finalized. (The two entities are interdependent; the NMFB will absorb the work of the task force under SPS Afghanistan AA.)

CONCLUSION

When USAID returned to Afghanistan in early 2002 it found a health system in disrepair. With support from USAID, MSH, other donors and organizations, along with a dynamic and visionary MoPH, dramatic improvements have been achieved over the past decade, particularly in the provision of basic health services by NGOs contracted by the MoPH. While progress is undeniable, USAID and the MoPH sidestepped any risk of complacency and championed a systems-strengthening approach in order to further improve health outcomes through the 2008 award of SPS LWA. With support from SPS LWA, the MoPH began to reach beyond “medicines on the shelf” with a vision of a stronger, more functional pharmaceutical system built with and ultimately sustained by Afghans and Afghan organizations.

Each SPS LWA achievement positively impacts health systems strengthening, particularly in the priority areas of WHO’s “medical products, vaccines and technologies” building block. By including GDPA/MoPH counterparts and other stakeholders, and building local capacity during its implementation, SPS LWA has helped the MoPH to operationalize health system strengthening theories. The Ministry and other leaders have begun to see the linkages among the myriad USAID health and pharmaceutical interventions, can better lead donors, and advance the Ministry’s role as a good steward of resources for the provision of health care.

Continuity and Expansion

To further the goals of SPS LWA and to further strengthen Afghanistan’s health and pharmaceutical systems, USAID issued the SPS Afghanistan AA in August 2011. While this project’s context and goals are virtually identical, the AA funding mechanism allows USAID to make longer-term plans and funding allocations. It demonstrates the Mission’s commitment to pharmaceutical management as a priority in Afghanistan and the Mission’s faith in SPS to support the GDPA and the larger MoPH during the process.

The SPS Afghanistan AA continues the work of SPS LWA without any gap in implementation, and is strengthening Afghanistan’s regulatory system, supply chain management, human resource capacity, pharmaceutical services, and information systems in the pharmaceutical sector. The project assists the MoPH at national and peripheral levels to integrate components of pharmaceutical management into national strategies for improving access to essential medicines, especially related to quality assurance, rational use, procurement, distribution, and management information systems. It is the only project of its kind in Afghanistan, reaching beyond supply chain management to address all aspects of pharmaceutical management.

Building and strengthening systems are inherently difficult and take time. SPS LWA and its predecessor projects laid important groundwork for sustainable improvements to pharmaceutical management and health systems in Afghanistan. This work continues under the SPS Afghanistan AA.

ANNEX A. KEY TOOLS AND PUBLICATIONS PRODUCED UNDER SPS AFGHANISTAN LWA

- Development and Application of Selected Indicators to Investigate Antimicrobial Use in Hospitals. Presentation at the Third International Conference for Improving Use of Medicines (ICIUM 2011). November 14–18, 2011, Antalya, Turkey
- Strengthening Afghanistan's Pharmaceutical System: Opportunities and Challenges (presentation for the 10th Annual Global Health Mini-University)
- Afghanistan Technical Report: Interim Findings and Conclusions of Drug Financing
- Afghanistan Drug and Therapeutics Committees and Training of Trainers Course: Detailed Training Report
- Afghanistan Medicine Use Study: A Survey of 28 Health Facilities in 5 Provinces (in English and Dari)
- Afghanistan Medicines Quality Assurance Assessment—A Qualitative Survey (in English and Dari)
- Afghanistan Medicine Sampling and Testing—A Quantitative Survey (in English)
- Coordinated Procurement and Distribution System Governance Framework (in English and Dari)
- National Medicine and Food Board Terms of Reference (in English and Dari)
- Assessment Report on Regulatory Framework and Structure for Medicines and Food in Afghanistan (in English and Dari)
- GDPA Manual and Training Materials (in Dari)
- Afghanistan Standard Treatment Guidelines Development and Implementation Framework
- Health Communication Training on RMU
- A 23-Day Managing Drug Supply Training Course for MoPH General Directorate of Pharmacy Affairs Staff
- A 3-Day Good Dispensing Practice Training Course for Kabul Pharmaceutical Enterprise
- Afghanistan Drug and Therapeutics Committees One-day Workshop: Detailed Report

- Indira Gandhi—Afghanistan Drug and Therapeutics Committees: Detailed Training Report
- Leveraging Human and Financial Resources in Afghanistan Report
- Terms of Reference for the Working Group (Faculty of Pharmacy) (in English and Dari)
- Standard Treatment Guidelines for Basic Package of Health Services, Writers Orientation Workshop
- STG Stakeholder Consensus Workshop Agenda PowerPoint slides (in English and Dari)
- Pharmaceutical Human Resources Assessment: National Level: Form 1 (English and Dari)
- Pharmaceutical Human Resources Assessment: Provincial Level: Form 2 (English and Dari)
- Roadmap for the Implementation of a Coordinated Procurement and Distribution System of Medicines in Afghanistan
- Report of the Roundtable on the Establishment of a Coordinated Procurement and Distribution System in Afghanistan
- GDPA Functional Analysis Proposed Objectives and Methodology
- Pharmaceutical Procurement and Distribution Systems in Afghanistan—Exploring Coordination Options

ANNEX B. SPS LWA COLLABORATING ORGANIZATIONS

- Afghan Ministry of Public Health, including Ghazanfar Institute of Health Sciences, Quality Control Laboratories, and four of the seven MoPH general directorates:
 - General Directorate for Pharmaceutical Affairs
 - General Directorate for Human Resources
 - General Directorate for Administrative Affairs (managers of the MoPH Central Medical Stores)
 - Directorate for Pharmaceutical Enterprise
- Afghan Ministry of Higher Education, including the Faculty of Pharmacy, University of Kabul
- Coordinated Procurement and Distribution System representatives from:
 - NGOs contracted to implement the Basic Package of Health Services
 - JICA
 - World Bank
 - European Community
 - UN agencies including UNFPA, UNICEF, and the Food and Agriculture Organization
 - WHO
- Health Systems Strengthening Program (USAID-funded Jhpiego project)
- Tech-Serve Participants in Data Collection Sessions on Rapid Assessment of Medicines Quality Assurance: MoPH
- Participants in Drug Sample Collection Methodology: MoPH
- Participants in Drug Use Study: MoPH, Shaid Sardar Mohamad Dawod Khan Hospital, and Maiwand Hospital
- Participants in Drugs and Therapeutics Committee Course: MoPH, Ibn Sina Emergency Hospital, Mazar-i- Sharif General Civil Hospital, Stomatology Hospital, Antani Hospital, Atah Turk Hospital, Shaid Sardar Mohamad Dawod Khan Hospital, Fayzabad Hospital, Maiwand Hospital, Rabia Balkhi Hospital, Nangahar Regional Hospital, Isteqlal Hospital, Maiwand Hospital, Ali Abad Hospital, Malalai Maternal Hospital, Child Health Institute of Indra Ghandhi Hospital, Noor Eye Hospital, Herat Regional Hospital
- Participants in Good Dispensary Practice Course: MoPH
- Participants in Managing Drug Supply Course: MoPH

- Participants in Managing Drug Supply and Rational Drug Use Course: MoPH, Kabul University
- Participants in Quality Assurance Presentation: MoPH
- Participants in Rational Use of Medicines Health Message Evaluation: MoPH, Marie Stopes International (MSI), Save the Children (USA), HealthNet Trans-cultural Psychosocial Organization (HN-TPO), Tak Production, Indira Gandhi Institute for Child Health (ICICH), Care for Afghan Families, and the MoPH Health Promotion Department (HPD)

ANNEX C. MOPH ORGANOGRAM (COMPLETE)



Ministry of Public Health Organogram

