

## **SIAPS Swaziland Country Operational Plan 2014-2015**

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## **About SIAPS**

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

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## ACRONYMS

ADR	adverse drug reaction
AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
APMR	ART patient management record
ART	antiretroviral treatment
ARV	antiretroviral
CMS	Central Medical Stores
COP	country operational plan
CTS	commodity tracking system
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EID	emerging infectious diseases
FP	family planning
FY	fiscal year
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBC	home-based care
HIV	human immunodeficiency virus
HTC	HIV testing and counseling
ICAP	International Center for AIDS Care and Treatment Programs
INH	isonicotinylhydrazine
LMIS	logistics management information system
M&E	monitoring and evaluation
MNCH	maternal, neonatal, and child health
MOH	Ministry of Health
MRA	medicines regulatory authority
MTCT	mother-to-child transmission
NSF	National Strategic Framework
OVC	orphans and vulnerable children
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMP	performance monitoring plan
PMTCT	prevention of mother-to-child transmission
PSI	Population Services International
QA	quality assurance
QI	quality improvement
RHMT	regional health management team
SANU	Southern Africa Nazarene University
SCTWG	Supply Chain Technical Working Group
SID	Strategic Information Department
SNAP	Swaziland National AIDS Programme
SPHL	Swaziland Public Health Laboratory
TA	technical assistance
TB	tuberculosis
TWG	Technical Working Group
URC	University Research Council, LLC
USAID	US Agency for International Development
WHO	World Health Organization

## **OVERVIEW**

The availability of commodities is essential for the effective management of priority health programs, such as tuberculosis (TB) and human immunodeficiency virus (HIV). The Government of Swaziland continues to demonstrate its commitment to ensuring the availability of life-saving medicines for the prevention, diagnosis, and treatment of HIV and TB.

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program contributes to the goals of the US President's Emergency Plan for AIDS Relief (PEPFAR), including creating an AIDS-free generation, as well as to the goals of the Government of Swaziland's extended National Strategic Framework 2014–2018 (e-NSF). SIAPS is working to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. The program's approach is aligned with Global Health Initiative principles, including strengthening health systems, promoting country-ownership, and enhancing sustainability.

### **Geographic Coverage and Target Populations**

SIAPS provides technical assistance (TA) in pharmaceutical supply management to the Central Medical Stores (CMS), Pharmaceutical Services Department, Swaziland Public Health Laboratory (SPHL), and health facilities countrywide. The aim is to ensure the sustained and uninterrupted availability of health commodities for improved access to care and treatment for all citizens, including people living with HIV (PLHIV), key populations, women, and girls.

### **Cost Efficiency Strategy**

SIAPS continues to maximize value for money by making smart investments focusing on what works. The program will collaborate with the private sector and other donors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), to maximize results.

### **Transition Plan**

SIAPS will build capacity of local institutions and individuals to lead the pharmaceutical system strengthening initiatives. In 18 months, SIAPS will transition support for training and electronic tools to local organizations.

### **Monitoring and Evaluation**

SIAPS' monitoring and evaluation (M&E) activities are guided by its M&E plan. Performance is monitored through operational and outcome indicators provided in the country operational plan (COP) and performance monitoring plan (PMP). Reports are shared with the US Agency for International Development (USAID) and the Ministry of Health (MOH) at stipulated intervals.

## **ADULT CARE AND SUPPORT**

**Budget Code: HBHC**

### **Geographic Coverage**

CMS and the four regions focused on facilities providing HIV care

### **Target Populations**

PLHIV, key populations

### **Specific Interventions, Dosages, and Mix**

SIAPS will continue working with the CMS, Swaziland National AIDS Programme (SNAP), and partners to ensure the availability and accessibility of: health products for opportunistic infection, such as co-trimoxazole, fluconazole; medicines for Kaposi sarcoma; medicines for the management of sexually transmitted infections; and supplies for HIV testing and counseling (HTC) and home-based care (HBC). TA will be provided to strengthen annual forecasting, quarterly supply planning using the PipeLine tool, procurement planning, warehousing and distribution, inventory management, and the logistics management information system (LMIS). In-service training in pharmaceutical management will be provided to 160 healthcare providers and community health workers.

SIAPS will also continue supporting MOH to ensure the uninterrupted supply of male and female condoms at service delivery points, primarily for high-risk populations.

TA will be provided to the Procurement Unit of MOH in the ordering of essential medicines and supplies. Assistance will be provided in the evaluation of tenders, and the awarding and management of contracts for HIV care and support health commodities. TA will also be provided to ensure the availability and rational use of palliative care medicines, including morphine and non-opioid analgesics. Regular stock monitoring of pain management medicines will be conducted, with pharmacists mentored on reconstitution of preparations, such as morphine oral solution. SIAPS will support the use of innovative tools, such as the web-based commodity tracking system (CTS), to monitor inventory at the CMS and at facilities.

SIAPS will also work closely with the MOH Pharmacovigilance Unit to implement an adverse drug reaction (ADR) monitoring system at all HIV care facilities to improve the clinical management of patients. Adult care and support activities will be implemented, along with pediatric care and support, adult treatment, pediatric treatment, and laboratory infrastructure. Activities will be carried out in collaboration with Population Services International (PSI), the

International Center for AIDS Care and Treatment Programs (ICAP), the University Research Council (URC, LLC), and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

There is currently an eight-month pipeline available from fiscal year (FY) 13 funds. The main cost of these activities is the provision of TA by technical experts, supported by operations staff.

### **Quality Improvement**

In collaboration with regional health management teams (RHMTs), SIAPS will ensure the implementation of sustainable supportive supervision and mentorship for the implementation of the LMIS and good inventory management of health commodities for HIV care and support at the facility level. Data from the LMIS will be used to develop quality improvement (QI) plans to improve product availability at facilities.

### **Capacity Building**

SIAPS will train 160 health workers on supply management of commodities for HIV care and support. The training will seek to improve product availability of HIV commodities at 133 facilities over the next 18 months.

### **Monitoring and Evaluation**

Guided by its M&E plan, the COP, and PMP indicators, SIAPS will work with the CMS and the MOH's Strategic Information Department (SID) to efficiently collect, validate, and disseminate data to USAID and the MOH on stock status, distribution of condoms, HTC and HBC supplies, family planning (FP) commodities, and medicines for opportunistic infections.

## TB/HIV

### **Budget Code: HVTB**

### **Geographic Coverage**

CMS and TB/HIV sites in all regions

### **Target Populations**

All populations, including PLHIV and key populations

### **Specific Interventions, Dosages, and Mix**

SIAPS supports the expansion of interventions to improve the early diagnosis and treatment of TB among PLHIV. TA is provided to ensure the uninterrupted availability of anti-TB medicines, GeneXpert cartridges, isonicotinyhydrazine (INH), and pyridoxine at all levels. SIAPS will strengthen the overall supply management of essential HIV and TB commodities. Annual forecasting and quarterly supply planning for TB and HIV commodities will be conducted. A quantification tool, QuanTB™, will be implemented for proper forecasting of anti-TB medicines. The strategies for HIV/TB integration will be aligned with the NSF and the National Tuberculosis Programme strategic plan.

An LMIS was implemented in FY13 to track use of medicines and stock availability at all facilities. Support will continue to ensure improvements in the availability of logistics data to inform quantification and forecasting. RxSolution will be used to manage TB/HIV commodity inventory, and manual stock record cards will be used at all TB/HIV facilities. SIAPS will continue to support TB/HIV initiatives and program implementation as a member of the TB Technical Working Group (TWG) and the National Coordinating Committee for TB/HIV. Collaboration and linkages will continue with URC and ICAP on HIV/TB interventions. HIV/TB activities will be implemented jointly with those focusing on adult treatment; adult care and support; pediatric treatment; pediatric care and support; laboratory infrastructure; and health systems strengthening.

An active surveillance program was implemented in FY13 to track the prevalence of ADRs among patients on HIV/TB medicines. SIAPS will continue to support TB/HIV active surveillance and the implementation of tools and algorithms for risk management. SIAPS will work with private sector pharmacists to ensure that quality TB/HIV pharmaceutical services are provided to clients and appropriate linkages are established between private and public facilities as part of intensive case finding.

SIAPS will implement supportive supervision and mentorship to ensure sustainable pharmaceutical system implementation. One in-depth, quarterly supportive supervision visit is scheduled for 20 facilities providing HIV/TB services. A total of 160 health workers will be trained on supply management of HIV/TB commodities. The activity will ensure the continuous availability of medicines for HIV/TB over the 18-month period.

There is an eight-month pipeline available from FY13 funds. The main cost of these activities is the provision of TA by technical experts, supported by operations staff.

### **Quality Improvement**

Logistics data will be used to identify facilities that require mentorship on the management of HIV/TB supplies. These facilities will be supported to ensure the improved availability of medicines.

### **Monitoring and Evaluation**

Guided by its M&E plan, the COP, and PMP indicators, SIAPS will work with the CMS and SID to efficiently collect, validate, and disseminate data on stock status, ADRs, and the availability of TB/HIV commodities.

## **PEDIATRIC CARE AND SUPPORT**

### **Budget Code: PDCS**

### **Geographic Coverage**

CMS and antiretroviral treatment (ART) sites in all regions

### **Target Populations**

All populations, including PLHIV, pediatric cases, health workers, RHMTs, adolescents

### **Specific Interventions, Dosages, and Mix**

SIAPS will support the expansion of pediatric care and support services by strengthening the availability and use of medicines and other commodities for emerging infectious diseases (EID); provider-initiated testing and counseling; and the management of opportunistic infections. Interventions will be coordinated with partners, such as PSI, EGPAF, and ICAP. The focus areas of support will be on: forecasting and supply planning; procurement system strengthening; warehousing and distribution; inventory management; and implementation of the LMIS for opportunistic infection medicines, such as Co-trimoxazole suspension, INH, and dispersible tablets for children, orphans and vulnerable children (OVC), and adolescents. TA will be linked to the following technical areas: adult treatment, adult care and support, pediatric treatment, and laboratory infrastructure.

SIAPS will work to improve the rational use of essential medicines, such as amoxicillin, oral rehydration salt, and zinc supplementation. SIAPS will also support the SPHL in assuring that EID supplies are adequately quantified and procured. SIAPS will support activities related to adherence to treatment for adolescents, OVC, and pediatric cases through the development of algorithms, job aids, and a reporting chart. SIAPS will also support the availability of FP commodities for adolescents at service delivery points.

SIAPS will track the availability of commodities for pediatric cases, OVC, and adolescents using the web-based CTS across all levels. The CTS allows for the transparency of stock information. SIAPS will work with the SID and SNAP to improve clinical information management through the effective implementation of the newly designed electronic client management information systems, called RxPMIS, to enhance information use for decision making.

There is currently an eight-month pipeline available for the implementation of these activities in FY14, using the FY13 budget. The main cost driver for this area is the provision of TA by technical experts, supported by operations personnel.

## **Quality Improvement**

Logistics data will be used to identify facilities that require mentorship on supply management of pediatric HIV care and support commodities. These facilities will be supported to ensure the improved availability of medicines. Data from RxPMIS on adherence levels will be used to design interventions to improve adherence to treatment and thus retention in care.

## **Capacity Building**

SIAPS will work with the RHMTs to implement sustainable supportive supervision and mentorship for the LMIS and inventory management of pediatric medicines for HIV care and support at 134 facilities; 80 personnel at 40 facilities providing pediatric care and support will be reached. The target is to maintain an 85% stock level of essential commodities. The expected outcome will be the uninterrupted availability of essential commodities by June 2015.

## **Monitoring and Evaluation**

Guided by its M&E plan, the COP, and PMP indicators, SIAPS will work with the CMS and SID to collect, validate, and disseminate data on stock status of commodities for pediatric and adolescent cases. The data will be shared with MOH and USAID.

## **ADULT TREATMENT**

### **Budget Code: HTXS**

### **Geographic Coverage**

CMS and ART sites in all regions

### **Target Populations**

Health workers, all populations, including PLHIV, RHMT, women, and girls

### **Specific Interventions, Dosages, and Mix**

SIAPS aims to ensure that patients receive quality medicines tailored to suit their clinical needs. SIAPS will support the MOH to strengthen the supply management of antiretrovirals (ARVs) and FP commodities, including condoms. Activities will be undertaken in collaboration with ICAP, PSI, EGPAF, and URC, and through SIAPS' participation in the HIV Treatment and Care TWG. The interventions will be linked to the following technical areas: adult care and support, pediatric treatment, pediatric care and support, mother-to-child transmission (MTCT), laboratory infrastructure, and health system strengthening. The support will be guided by the NSF and will contribute to improving retention in care and treatment outcomes.

SIAPS will continue to support the decentralization of ART initiation and task shifting approaches to treatment by ensuring the continuous availability of commodities at all ART sites.

SIAPS will support the annual quantification and quarterly supply planning and procurement of ARVs as the country implements the new World Health Organization (WHO) treatment guidelines (2013). SIAPS will coordinate stakeholders through its participation on the Supply Chain (SC) TWG. Stock levels will be monitored and tracked monthly using logistics information from RxSolution. SIAPS will also continue to support the CMS and health facilities to rationalize the use of storage space. The SID and SNAP will be supported to use electronic tools (e.g., RxSolution, ART patient management record [APMR]) for the collection of information on patients on treatment as well as logistics data to inform key programmatic decisions. Quarterly logistics data quality assessments will be conducted to ensure the integrity of data. Health workers will be supported in dispensing ARVs to patients, with specific attention given to drug interactions and adverse events.

SIAPS will provide support to the implementation of the Southern African Development Community Strategy for the Pooled Procurement of Essential Medicines and Commodities, so that Swaziland can purchase ARVs and FP commodities at lower prices.

There is currently an eight-month pipeline available for the implementation of these activities in FY14, using FY13 budget. The main cost driver for this area is the provision of TA by technical experts, supported by operations personnel.

### **Quality Improvement**

Logistics data will be used to identify facilities that require mentorship on supply management of ARVs. These facilities will be supported to ensure improved availability of medicines. Data from the RxPMIS on adherence levels will be used to design interventions that will improve adherence to treatment and thus retention in care.

### **Capacity Building**

SIAPS will work with the RHMTs to implement sustainable supportive supervision and mentorship for the LMIS and inventory management of ARV medicines at 134 facilities; 80 personnel at 40 facilities providing ART will be reached in FY14. The target is to maintain an 85% stock level of ARVs at the sites. The expected outcome will be the uninterrupted availability of essential commodities by June 2015.

### **Monitoring and Evaluation**

Guided by its M&E plan, the COP, and PMP indicators, SIAPS will work with the MOH to efficiently collect, validate, and disseminate data on stock status, ADRs for ARVs, and FP commodities, including condoms. These reports will be shared with USAID.

## **PEDIATRIC TREATMENT**

**Budget Code: PDTX**

### **Geographic Coverage**

CMS and ART sites in all regions

### **Target Populations**

PLHIV, pediatric cases, health workers, RHMTs, adolescents (adherence)

### **Specific Interventions, Dosages, and Mix**

An efficient supply chain system that assures the uninterrupted availability of pediatric ARVs is essential to the successful elimination of new HIV infections in children. TA will be provided in the procurement and management of pediatric ARVs. Interventions will be coordinated with partners, such as EGPAF and ICAP. SIAPS will participate in the pediatric HIV TWG to support supply management initiatives. The activities will be linked to those mentioned under adult treatment, pediatric care and support, MTCT, and laboratory infrastructure.

SIAPS will explore cost-effective mechanisms to procure pediatric ARVs. Technical support will be provided to the country's effort to secure third-line pediatric ARVs through the Janssen pharmaceutical donation mechanism. SIAPS will also coordinate stakeholders involved in pediatric HIV treatment through the national SCTWG. TA will be provided for the implementation of the new WHO treatment guidelines, including quantification and supply planning to meet the additional pediatric ARV requirements under the new guidelines.

Pharmaceutical personnel will be mentored to support interventions aimed at optimizing dispensing practices for pediatric ARVs, building on the successful transition from liquid formulation to solid, fixed dosage forms. Health workers will be trained on pharmaceutical management of pediatric HIV, focusing on the special needs of adolescents and OVC.

SIAPS will expand the pharmacovigilance project that seeks to strengthen adverse events reporting and management for pediatric cases, OVC, and adolescents on ART. SIAPS will support adherence and retention to treatment activities for adolescents, OVC, and pediatric cases through the development of algorithms, job aids, and a reporting chart. SIAPS will support the availability of FP commodities for adolescents at service delivery points.

## **Quality Improvement**

Logistics data and patient information data from the RxPMIS/APMR will be used to design interventions that improve product availability and patient retention in care. A cohort of 40 facilities will be targeted in FY14 to ensure QI of pharmaceutical care provided to pediatric HIV patients.

## **Capacity Building**

Mentoring and supportive supervision will be conducted jointly with the RHMTs to support facilities in supply management of pediatric ARVs. The activity will focus on personnel tasked with the management of pediatric ARVs at facilities. The outcome of this mentorship will be improving the LMIS reporting rate and hence the uninterrupted availability of pediatric ARVs.

## **Monitoring and Evaluation**

Guided by its M&E plan, the COP, and PMP indicators, SIAPS will work with the CMS and SID to efficiently and effectively collect, validate, and disseminate data on ADRs, the stock status of pediatric and adolescent ARVs, and FP commodities. The report will be shared with all stakeholders, including USAID.

## **LABORATORY INFRASTRUCTURE**

### **Budget Code: HLAB**

### **Geographic Coverage**

SPHL, the 15 main laboratories, and their respective mini-laboratories in the four regions

### **Target Populations**

All populations, including PLHIV, key populations, pediatric cases, health workers

### **Specific Interventions, Dosages, and Mix**

The consistent supply of quality laboratory commodities is essential for the delivery of priority public health programs. SIAPS will continue to ensure the uninterrupted availability of HIV, TB, malaria, and EID commodities by strengthening the national laboratory supply management system. SIAPS will use the SCTWG to coordinate all laboratory partners. SIAPS will also participate in the monthly laboratory supply chain meetings. All interventions will be implemented in collaboration with URC, ICAP, and EGPAF. The interventions will be linked to those under adult and pediatric treatment, care and support, MTCT, and health systems strengthening.

The interventions will be guided by the MOH's Laboratory Strategic Plan and the NSF. SIAPS will work with the Supply Chain Management System project in the quantification and forecasting of GeneXpert requirements for the TB program.

LMIS data will be used to inform annual forecasting and quarterly supply planning for laboratory commodities (e.g., viral load tests, CD4 reagents, EID commodities) according to the new WHO treatment guidelines.

Monthly mentoring and support will be provided to all 15 main laboratories on supply management and ensuring the availability and quality of logistics data. SIAPS will also track laboratory commodities using the web-based CTS, which ensures the transparency of information. SIAPS will continue to support the SPHL to implement proper stock rotation principles and regular physical stock counts. SIAPS will continue to support the use of RxSolution as a warehouse management system at the national warehouse.

SIAPS will also continue to work with URC to finalize the equipment standardization process at the SPHL.

There is currently eight months of pipeline available for the implementation of these activities in FY14, using the FY13 budget. The main cost driver for this area is the provision of TA by technical experts, supported by operations personnel.

### **Quality Improvement**

SIAPS will support the SPHL's initiatives for Stepwise Laboratory Quality Improvement Process Toward Accreditation. The targeted laboratories will receive focused support to improve the availability and management of commodities. LMIS data will be used to design interventions for these facilities.

### **Capacity Building**

SIAPS will work closely with other laboratory stakeholders to improve the capacity of the SPHL in supply management. SIAPS will mentor and support the principal technologist responsible for quality assurance, warehouse personnel, and laboratory supervisors in supply management. The aim is to build their skills in providing mentoring and supervision of supply management to ensure the uninterrupted availability of commodities at the 15 laboratories.

### **Monitoring and Evaluation**

Guided by its M&E plan, the COP, and PMP indicators, SIAPS will work with the SPHL and SID to collect, validate, and disseminate data on the stock status of laboratory commodities. The reports will be shared with all stakeholders, including USAID.

## **PREVENTION OF MOTHER-TO-CHILD TRANSMISSION**

### **Budget Code: MTCT**

### **Geographic Coverage**

CMS, SPHL, and all regions, focusing on facilities offering antenatal care (ANC), maternal, neonatal and child health (MNCH), and ART

### **Target Populations**

PLHIV, women and girls, health workers

### **Specific Interventions, Dosages, and Mix**

SIAPS contributes to the scale up of prevention of mother-to-child transmission (PMTCT) programs by providing TA to ensure the uninterrupted supply of essential commodities. SIAPS works with PSI, EGPAF, and ICAP to support the goals of the National MTCT Elimination Framework (2011–2015). The program is also contributing to the global goal of “A Promise Renewed: A Commitment to Child Survival.” SIAPS will collaborate with the SPHL, SID, the Sexual Reproductive Health Unit, and SNAP in implementing interventions. The activities in this area are linked to those under pediatric treatment, care and support; adult treatment, care and support; and laboratory infrastructure.

SIAPS will support the MOH in the management of commodities essential for the MTCT program. Annual forecasting and quarterly supply planning meetings will be conducted to review stock status and plan for the next procurement cycle. SIAPS will support ADR reporting and management at the ANC/ART clinics. Adherence monitoring will be supported at facilities for those women who are initiated into triple therapy as part of Option B+. The Rx-PMIS/APMR software will be used to track patients enrolled in treatment programs, while Rx-Solution will be used to track the inventory of commodities at the CMS.

SIAPS will work to ensure the availability of effective FP methods at all ART sites providing ANC services. The supply of male and female condoms will also be monitored at all facilities. SIAPS will track the availability of key products for both Option B+ and MNCH on a monthly basis. TA will be provided to the Expanded Program on Immunization working with UNICEF to assure the availability of vaccines for infants exposed to HIV.

SIAPS will continue working with Southern Africa Nazarene University (SANU) to offer pre-service training in pharmacy. In-service training on commodity supply management for MNCH will be offered to 160 health workers.

There is currently eight months of pipeline available for the implementation of these activities in FY14, using the FY13 budget. The main cost driver for this area is the provision of TA by technical experts, supported by operations personnel.

Weekly visits will be conducted to the CMS and SPHL to monitor the supply chain management process. Interventions will be initiated when risks are identified.

### **Quality Improvement**

Quarterly site support and mentoring visits will be conducted to monitor stock availability and the rational dispensing of medicines to eligible patients. LMIS data will be used to design interventions to strengthen supply chain management of PMTCT commodities at facilities.

### **Capacity Building**

Quarterly in-service training will be offered, targeting health workers in pharmacy and laboratory personnel. The aim of the training will be to improve the skills of health workers in the management of MTCT supplies. The expected outcome will be improved stock management practices for PMTCT supplies to achieve their uninterrupted availability by June 2015.

### **Monitoring and Evaluation**

Guided by its M&E plan, the COP, and PMP indicators, SIAPS will work with the CMS and SID to collect, validate, and disseminate data on stock availability of PMTCT commodities, including FP and MNCH supplies. The reports will be shared with all stakeholders, including USAID.

## HEALTH SYSTEMS STRENGTHENING

**Budget Code: OHSS**

### **Geographic Coverage**

National management level: Pharmaceutical Services Department, CMS, and SPHL

### **Target Populations**

Health sector managers and health workers

### **Specific Interventions, Dosages, and Mix**

The pharmaceutical sector recently finalized the Pharmaceutical Strategic Plan, 2012–2016. The plan documents health system challenges, such as the shortage of qualified pharmacy personnel, the absence of a medicines regulatory authority (MRA), insufficient pharmaceutical budget, the lack of a medicines quality assurance (QA) program for imported and locally manufactured products, as well as the lack of an ADR monitoring system. Activities in the plan seek to strengthen the pharmaceutical sector. They are linked to those under adult and pediatric treatment, care and support; and laboratory infrastructure. Activities will be implemented in collaboration with ICAP and URC.

SIAPS will continue to advocate for the enactment of the Pharmacy Bill and the Medicines and Related Substances Control Bill, which will provide for the establishment of a MRA. An interim MRA desk has been established in MOH. It is tasked with overseeing the importation and QA of medicines. Local organizations will be supported to effectively implement relevant pharmaceutical policies that impact access to and rational use of medicines. Activities at the CMS will be implemented leveraging funding from the Global Fund. The MOH will be supported to implement procurement guidelines that promote transparency and accountability. SIAPS will support the quarterly supplier performance meetings and SCTWG.

Pre-service training of pharmacy personnel will continue, with a goal of enrolling 60 students in the diploma program at SANU over the next two years. Support will be provided to ensure that graduates are competent and are placed at health facilities with the greatest demand. An external evaluation of the training program will be conducted to ensure that the diploma offered meets international standards.

The Essential Medicines List and Standard Treatment Guidelines will be used to promote rational medicines use and the cost-effective procurement of medicines.

There is currently eight months of pipeline available for the implementation of these activities in FY14, using the FY13 budget. The main cost driver for this area is the provision of TA by technical experts, supported by operations personnel.

### **Quality Improvement**

SIAPS will continue to provide TA to the chief pharmacist, the assistant director of the CMS, and the chief laboratory technologist in implementing pharmaceutical systems strengthening interventions. Specific indicators will be established to monitor the performance of the supply chain.

### **Capacity Building**

SIAPS will continue to build the capacity of the chief pharmacist, assistant director of the CMS, and the chief laboratory technologist in supply management through regular mentoring and coaching. The activities aim to ensure that these managers have the requisite skills to undertake effective leadership in supply management.

### **Monitoring and Evaluation**

Guided by its M&E plan, the COP, and PMP indicators, SIAPS will work with the MOH to effectively collect, validate, and disseminate health system strengthening data. The reports will be shared with all stakeholders, including USAID.