MSH Namibia e-Newsletter JULY - AUG 2015

Building Local Capacity (BLC)

P.O. Box 90027, Klein Windhoek, Namibia, Tel: 061 228016 ISSUE 37

IN THIS ISSUE

- Launch of Infection Prevention and Control Manuals, Creating Awareness on Antimicrobial Resistance and Rational Medicine Use
- Building the Supply Chain Capacity to Extend Health Services to the Community
- High Employer Satisfaction with Pharmacist Assistants Trained by the NHTC: A Tracer Study Reveals
- Improving Availability of ARVs at Primary Health Care Facilities in HIV/AIDS-Burdened Regions in Namibia
- Improving the Supply Chain Efficiency of Medical Depots for the Continuous Availability of ARVs and Other Essential Medicines in Namibia
- SIAPS Collaborates with Namibia's Medical School in Building Local Expertise for Preventing Antimicrobial Resistance and Hospital Acquired Infections
- Sharing Experiences and Lessons to Improve Pharmaceutical Service Delivery

UPCOMING ACTIVITIES

- Quantification of ARVs and related HIV/AIDS commodities
- Rolling out the mobile EDT and training to primary healthcare facilities
- Training the Medical School in prevention and control of hospital acquired infections and prevention of antimicrobial resistance
- Incorporating pharmaceutical supply chain content in the pharmacist assistants' pre-service curriculum
- Consolidating and disseminating results of analysis of the 2015 annual HIV drug resistance early warning indicators
- Training the trainers of health extension workers in managing inventories for service kits

Launch of Infection Prevention and Control Manuals, Creating Awareness on Antimicrobial Resistance and Rational Medicine Use

The Honourable Minister of Health and Social Services (MoHSS), Dr. Bernard Haufiku (centre) displays a copy of one of the Infection Prevention and Control (IPC) manuals that he officially launched at the 5th Medical Doctors and Dentists Forum held at Ongwediva in Oshana Region of Namibia on August 18, 2015. Together with the minister are: from left, MSH Country Director, Mr. Evans Sagwa, Head of MoHSS Quality Assurance Unit (QAU), Ms. Christine Gordon, CDC Country Director, Dr. Simon Agolory and WHO Country Representatives, Dr. Quazi Monirul Islam. Photo Credit: MoHSS-Directorate of Special Programs.

Namibia has created awareness on antimicrobial resistance (AMR) and rational medicine use (RMU) mainly at the national level.

There is need to cascade down this awareness creation to the operational level through AMR/RMU stewardship coalitions and activities for preventing hospital acquired infections.

The USAID-funded SIAPS project participated in the 5th Annual Medical Doctors and Dentists' Forum of the Ministry of Health and Social Services in Ongwediva, Namibia from August 18th – 20th, 2015 to create awareness among medical doctors and dentists on their role in monitoring early warning indicators for HIV drug resistance and combating antimicrobial resistance.

Together with the University Of Namibia School of Medicine, SIAPS also presented on ongoing work on reducing hospital acquired infections and promoting infection prevention and control in Namibia.

The Honourable Minister of Health and Social Services, Dr. Bernard Haufiku, was in attendance. At the conclusion of the first day of the forum, the Minister singled out the UNAM/SIAPS AMR presentation from among many, underscoring the World Health Assembly (WHA) AMR agenda, which he undertook to implement at the WHA meeting in Geneva.

At the same forum, the Minister launched the Operation Theatre Manual, the Central Sterile Services Guidelines, the Infection Prevention and Control Guidelines (2nd Edition) and the Phlebotomy Guidelines, that were developed with technical assistance from SIAPS with funding from USAID.

Contributed by: Greatjoy N. Mazibuko, Senior Technical Manager (SIAPS), Bayobuya Phulu, Senior Technical Advisor (SIAPS) and Harriet Kagoya, Senior M&E Advisor (SIAPS).

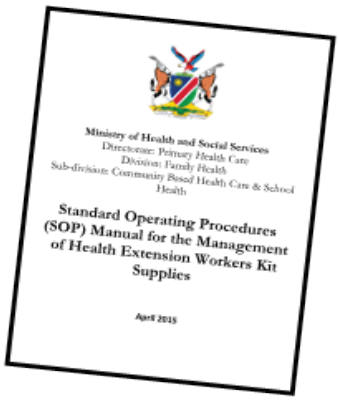
Building the Supply Chain Capacity to Extend Health Services to the Community

The Supply Chain Management System (SCMS) project has been collaborating with the Namibian Ministry of Health and Social Services (MoHSS) to build the supply chain capacity needed to support the extension of primary care health services to the community.

SCMS provided technical assistance to the Directorate of Primary Health Care to develop standard operating procedures (SOPs) for managing health extension workers (HEW) kit supplies. This was aimed at strengthening the flow of commodities needed for community based health care services.

The SOPs simplify the tasks required for the logistics management of HEW kit supplies to ensure an uninterrupted supply of products, for the provision of health extension services. They guide health personnel in:

- Determining HEW kit supply needs by ordering, receiving, storing at facilities and at home
- Issuing HEW kit supplies
- Maintaining adequate HEW kit supplies
- Recording and reporting accurate information about HEW kit supplies and their usage and monitoring logistics activities and supervision of personnel throughout the system


Ministry of Health and Social Services
Directorate: Primary Health Care
Division: Family Health
Sub-division: Community Based Health Care & School Health

Standard Operating Procedures (SOP) Manual for the Management of Health Extension Workers Kit Supplies

April 2015

Participants during the first round of training of trainers' workshop on standard operating procedures for managing health extension workers' kit supplies held at Ondangwa from July 14 -16, 2015. Photo credit: MSH Namibia staff.

In July 2015, SCMS in collaboration with MoHSS, trained thirty-nine (39) trainers (ToTs) in two rounds on the SOPs and on basic inventory control and good storage practices.

The trainees included HEP course tutors, district level supervisors, pharmacists and pharmacist assistants and representatives of community-based organizations. They were tasked to disseminate the SOPs to other health workers in their respective regions.

Since 2014, A total of 1366 community HEWs graduated from a six-month training program and been deployed in 25 districts to provide health services in the community.

The MoHSS expects the HEW to bridge the gap between health facilities and the community by providing basic health education and primary health care services to the community. An effective commodity supply chain that aims to improve access to health services by the community is essential for success of this endeavor and has an impact on health challenges such as HIV/AIDS, tuberculosis, malaria, maternal and neonatal mortality.

SCMS has been supporting the MoHSS in strengthening supply chain capacity for community health care service since 2008. SCMS helped to design a logistics system for the community home based care (HBC) program, and to fully integrate the re-supply of HBC kit contents into the routine MoHSS pharmaceutical supply system. This logistics system formed the basis for the current HEW kits procurement and distribution system.

The health extension program (HEP) started as a pilot in Kunene region in 2012 with support from UNICEF and the MoHSS has since expanded it to other regions across the country.

Namibia's Health Extension Workers' kit. Photo credit: MSH Namibia staff.

Contributed by: Alemayehu Lemma Wolde, SCMS Senior Technical Advisor.

High Employer Satisfaction with Pharmacist Assistants Trained by the NHTC: A Tracer Study Reveals

The National Health Training Center (NHTC) conducted its first formal workplace assessment of pharmacist assistants (PAs) who have graduated from the institution since 2007, when the USAID began implementing a series of systematic interventions to strengthen the capacity and quality of PA training.

SIAPS supported the NHTC to conduct the tracer study to inform strategies for improving the PA training program and its re-accreditation by the Namibia Qualifications Authority (NQA).

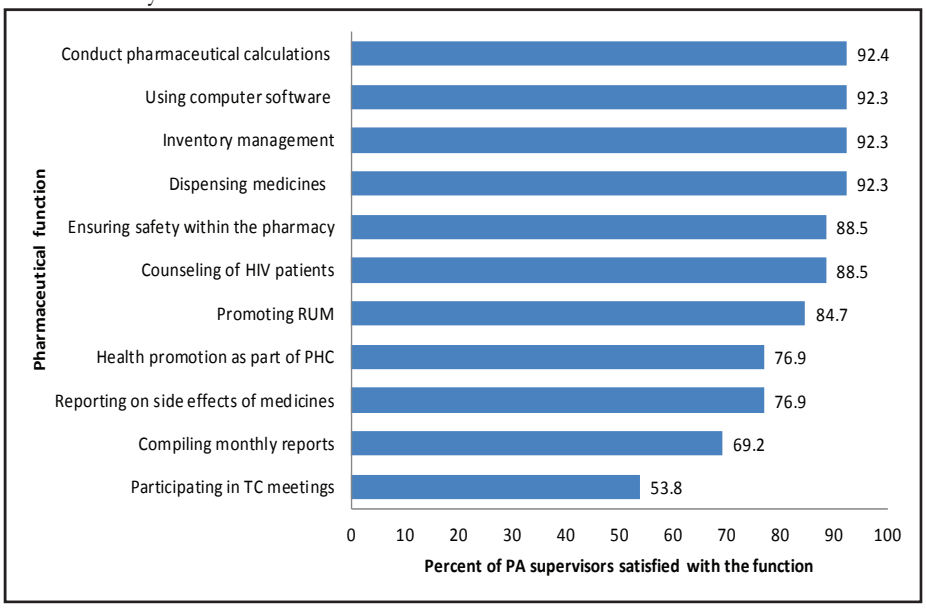
Three questionnaires were used to collect qualitative and quantitative data from 91 respondents including 57 PAs, 26 employers/supervisors and 8 other stakeholders, 55% of whom were female. Below are the key findings:

- 96% of employers and supervisors were satisfied with PAs' performance at the workplace
- 96% of the PAs work in jobs that they were trained for
- Over 90% of the surveyed PAs have ever worked in ART clinics
- Currently, 58% of PAs serve in ART clinics, thereby contributing to the scale-up and provision of essential ART services in Namibia
- Majority (75%) of the PAs reported overall satisfaction with their PA training at the NHTC

The dual burden of HIV/AIDS and tuberculosis faced by Namibia has exacerbated the persistent shortage of pharmaceutical personnel.

Well-trained PAs are thus central to ensuring that the correct medicines are available in sufficient quantities, counsel patients on the proper use of medicines, monitor patients' adherence to ART.

The tracer study identified key strengths and areas for improving the PA training program.



Supervisors' satisfaction with PA work - by work tasks accomplished. Namibia NHTC-tracer study, 2014/15.

Contributed by: Harriet Kagoya (Senior Monitoring and Evaluation Advisor - SIAPS), Greatjoy Mazibuko (Senior Technical Manager-SIAPS) and Evans Sagwa (Project Director - SIAPS/SCMS).

Improving Availability of ARVs at Primary Health Care Facilities in HIV/AIDS-Burdened Regions in Namibia

The uninterrupted availability of HIV/AIDS commodities at the antiretroviral therapy (ART) sites is critical to the success of Namibia's strategy of decentralizing ART services through the Nurse Initiated and Managed ART (NIMART) services. The public health commodity supply chain in Namibia is hampered by inadequate human resource capacity. Through task shifting, nurses are increasingly playing a central role to bridge the gap; to ensure the uninterrupted supply reduce the wastage of HIV/AIDS commodities at the NIMART sites.

In the 2015 national pharmaceutical support supervisory visits to public health facilities, the Oshikoto and Zambezi regions, two of the six regions with a high burden of HIV/AIDS in Namibia, scored poorly across all inventory management indicators assessed.

> "As a result of this training I have been able to establish a clearer picture of how to move forward from the old practices and perception on ordering and storage of medicines in my facilities"
> …Participant

This is a big challenge to achieving the total epidemic control of HIV in the regions. In July and August 2015, the USAID-funded Supply Chain Management System (SCMS) project provided technical assistance to Zambezi and Oshikoto regions to train 71 nurses from 51 primary health care (PHC) facilities. The training equipped the nurses with essential commodity management skills needed to ensure the continuous availability of ARVs and other

Continued on page 4 →

Improving the Supply Chain Efficiency of Medical Depots for the Continuous Availability of ARVs and Other Essential Medicines in Namibia

The USAID-funded Supply Chain Management System (SCMS) project has been strengthening the central medical store (CMS) and multi-regional medical depots (MRMD) pharmaceutical supplies management processes, especially on the management of HIV/AIDS, tuberculosis (TB) and malaria control commodities.

The expansion of antiretroviral therapy services throughout Namibia has placed unique challenges on the MRMD management and logistics systems. The unexpected staff turnover at the Rundu MRMD in 2014 where the pharmacist manager and an experienced pharmacist assistant left abruptly and in quick succession dealt a huge blow to the depot.

The newly assigned staffs faced challenges with implementing the MRMD standard operating procedures (SOPs) and in using the computerized inventory control system (SYSPRO). To address this challenge, SCMS facilitated an on-the-job training on the SOPS and Syspro for the new staffs at the Rundu and Oshakati MRMDs to ensure their smooth operation. SCMS trained 11 staffs at the Rundu MRMD on the SOP and five staffs on SYSPRO operations.

At the Oshakati MRMD, 24 staffs were trained on the SOPs and 11 on SYSPRO operations. Efficient MRMD operations contribute to the uninterrupted availability of antiretroviral (ARV) medicines and other commodities required for the control of the HIV epidemic.

A follow-up visit to the MRMDs in August 2015 found that only one ARV (Lopinavir (LPV/r) [200/50mg] tablets) out of 17, had been out of stock for seven days in the last three months, the rest 16 products had been in full supply. The availability of the tracer items for the period was 98.7%.

The MoHSS IT administrator, Mr Girma Tadesse (first on the right) facilitating SYSPRO training at Rundu MRMD. Photo by MSH staff, Namibia. April 2015.

On the day of the visit, 88% of 17 randomly selected stock cards had Max-Min levels indicated on the stock cards. However some of the selected tracer items did not have the correct Max-Min levels, mainly because of the fluctuating ARV consumption in response to the recent treatment guideline changes.

Generally, it was observed that there were more items above the maximum (35%) than below (12%) showing that there is a tendency of overstocking.

Stock accuracy was 65%, based on the proportion of sampled stock cards that matched the physical count.

This reflects the skills gaps of store keepers at the MRMDs, who often are workhands and are prone to making arithmetic errors when updating stock card quantities. This shows the need of more appropriately trained staff in the management of the warehouse operations.

Contributed by Alemayehu Wolde, Senior Technical Advisor, SCMS.

*Improving Availability of ARVs at Primary Health Care Facilities...**continued from page 3*

essential medicines at site level, while ensuring appropriate use of medicines to improve patient safety and avoid emergence of drug resistant microbes.

Nurses are increasingly playing a crucial role in the expansion of ART services and therefore the need to enhance their capacity in pharmaceutical management in Namibia.

The training improved the skills the nurses in the regions in managing ARVs and other pharmaceuticals.

This is one of the interventions for improving health commodity supply chain performance in the public health sector.

Contributed by: Nasser Mbaziira and Bayobuya Phulu, Senior Technical Advisors.

SIAPS Collaborates with Namibia's Medical School in Building Local Expertise for Preventing Antimicrobial Resistance and Hospital Acquired Infections

The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project is collaborating with the University of Namibia's School of Medicine (UNAM-SOM) in preventing antimicrobial resistance and hospital acquired infections.

This collaboration is part of the DAAD PAGEL a project, which was established in 2014 to promote infection prevention and control (IPC), reduce hospital acquired infections (HAI) and combat the development of antimicrobial resistance (AMR) including HIV drug resistance (HIV-DR).

SIAPS is a member of the project's steering committee and participated in an information exchange visit to the University of Bonn, Germany in August 24-28, 2015.

Observing specimen handling and processing at the department of clinical microbiology of Gemienschaftsk hospital in Germany, second from the right is Ms Christine Gordon, the Head of the Quality Assurance Unit in the MoHSS and a member of the Project's Steering Committee. Photo by SIAPS/Namibia Staff, August 2015.

Hospital acquired infections are exerting an increasing burden on health systems and threaten patient safety, worldwide. About 2 million people per year are estimated to be affected with antibiotic-resistant infections in the USA.

In Namibia, the rapid scale up of ART services and the high ART coverage of the HIV positive population necessitates the systematic monitoring of HIV-DR.

In 2012, the overall prevalence of HIV transmitted drug resistance (HIV-TDR) in Namibia was estimated to be 8.5% (95% plausibility interval 2.7% to 24.2 %).

Namibia's AMR coalition-based strategy developed in 2013 with technical assistance from SIAPS identified UNAM as a key stakeholder to play an integral role in the pre- and in-service training of healthcare professionals to enhance rational use of medicines (RUM) and to combat AMR. The collaboration with UNAM-SOM includes the development of a curriculum for medical students on IPC and HAI, promotion of operational research on AMR and exchange programs for students between the UNAM-SOM and the German University of Bonn.

The Namibia team benefitted from educational tours to the Institute for Hygiene and Public Health, the Institute of Clinical Microbiology and the Gemeinschraftskrankenhaus Bonn, a hospital made up of two former private hospitals.

The visits enhanced the team's understanding of the requirements for a well-established IPC system, including the importance of functional antibiotic stewardship committees.

Other important outcomes of the visit were the finalization of topics to be included in the curriculum of IPC, AMR and HAI to be included in modules of medical students studying at UNAM-SOM.

The lessons learnt during the exchange visit will allow the Namibia project team to plan for the implementation of modern approaches for containing AMR, such as:

- Active surveillance of resistance to antibiotics
- Innovative diagnostic tests for identification and characterization of resistant bacteria
- Adoption of protocols for infection prevention and control

The successful adoption and implementation of these strategies will lead to the conservation of the antimicrobials for use by future generations.

Contributed by: Bayobuya Phulu, Senior Technical Advisor, SIAPS.

Sharing Experiences and Lessons to Improve Pharmaceutical Service Delivery

Public sector pharmacists from across Namibia gathered in Rundu from July 27-31, 2015 to share experiences and lessons learned in providing pharmaceutical services to patients at public health facilities.

The event, dubbed the annual pharmacists' forum, was organized by the Division of Pharmaceutical Services (Div: PhSs) of the Ministry of Health and Social Services (MoHSS) with technical assistance from the USAID-funded SIAPS and SCMS projects.

The forum was attended by 43 pharmacists from public sector health facilities. Other participants included academic staff of the University of Namibia's School of Pharmacy (UNAM-SoP) and the National Health Training Center. The forum provided an opportunity for the Div: PhSs to disseminate information and recommendations based on the various monitoring and evaluation (M&E) activities on pharmaceutical service delivery. These recommendations derive from pharmacy and logistics management information systems and annual support supervision visits (SSVs) implemented by the MoHSS with technical support from SIAPS and SCMS.

During this year's pharmacists' forum, key highlights from these M&E activities, including trends in ART patients numbers, trends in first, second and third-line ART regimens, early warning indicators (EWI) for HIV drug resistance (HIV-DR) and stock holding of ARVs were shared with participants and used to develop actions for improving pharmaceutical supply chain and service delivery. Pharmaceutical services remain a critical component of effective health care service delivery especially as the MoHSS continues to scale up HIV/AIDS prevention and treatment services, through interventions

Participants at the national pharmacists' forum held in Rundu, Namibia in July 2015. Sandwiched between Lazarus Indongo, Deputy Director, Division of Pharmaceutical Services (third from right) and Evans Sagwa, Country Director, Management Sciences for Health (fifth from right) is Ms. Timeya Ngwira, Kavango East Regional Health Director who gave the keynote address during the official opening ceremony. Photo by SIAPS/Namibia Staff.

such as decentralization, in a push to achieve epidemic control in Namibia. Furthermore, the forum equipped regional pharmacists with tips on how to ensure that SSV recommendations with budgetary implications are included in regional plans and budgets. Previously pharmacists have attributed the poor implementation of SSVs recommendations to lack of support from regional management teams and inadequate human resources in public health facilities.

The issue of human resources was given special attention during and after the forum as a dedicated team met to update staffing norms for pharmaceutical service delivery at all levels as part of the on-going MoHSS-wide staff restructuring exercise. A unique aspect of this year's forum was a full day dedicated to continuous professional development (CPD) activities. Participants were pleased to get a refresher course on bioavailability and bioequivalence of pharmaceutical formulations delivered by a faculty member of UNAM-SoP and another on HIV-DR by a MoHSS HIV clinical mentor. In addition, SCMS refreshed the participants through a crash course on conducting ABC or Pareto analysis of pharmaceutical expenditure. Over the years, some regional pharmacists in Namibia have used findings of ABC analysis to engage their therapeutic committees on developing interventions for improving medicine use.

Contributed by: Bayobuya Phulu (Senior Technical Advisor, SIAPS) and Benjamin Ongeri (Senior Technical Manager, SCMS)

ABOUT THE NEWSLETTER

The SIAPS/SCMS/BLC Namibia e-Newsletter is a bi-monthly newsletter that keeps you abreast of activities funded by the United States Agency for International Development (USAID) and implemented by MSH Namibia.

Key focus areas are HIV /AIDS Management:
1. Strengthening Health Systems
2. Capacity Building
3. Human Resource Development
4. Service Delivery

Editorial Team:
1. Mr. Lazarus Indongo (MoHSS)
2. Mr. Evans Sagwa (MSH)
3. Mr. Benjamin Ongeri (MSH)
4. Ms. Harriet Rachel Kagoya (MSH)
5. Mr. Greatjoy Mazibuko (MSH)

Your contribution to this valuable communication medium would be highly appreciated and can be e-mailed to esagwa@msh.org

DISCLAIMER:

This newsletter was made possible through support provided to Management Sciences for Health (MSH) by the U.S. Agency for International Development, under the terms of cooperative agreement number AID-OAA-A-11-0002, and contract numbers GPO-A00-05-00024-00 and GPO-I-00-05-00032-00. The opinions expressed herein are those of the author (s) and do not necessarily reflect the views of the U.S. Agency for International Development.