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Chinwe Owunna
Andrey Zagorskiy

May 2005
About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Abstract

Management Science for Health’s Rational Pharmaceutical Management Plus (RPM Plus) Program and partners conducted a regional training course in Cairo, Egypt held from May 8 to 12, 2005.

A GDF Monitoring Mission was conducted in Egypt by RPM Plus and GDF EMRO from May 9 – May 15 to determine the country’s capacity to appropriately quantify, clear TB medicines through port, distribute, control stocks and use according to the criteria established by the GDF.

Recommended Citation


Key Words

Tuberculosis, TB, Pharmaceutical Management, GDF, Egypt
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ACRONYMS

EMRO  Eastern Mediterranean Regional Office of World Health Organization
GDF    Global TB Drug Facility
GLC    Green Light Committee
GLRA   German Leprosy Relief Association
KNCV   Royal Netherlands Tuberculosis Association
MoH    Ministry of Health
MSH    Management Sciences for Health
NTP    National Tuberculosis Program
RPM Plus Rational Pharmaceutical Management Plus Program of USAID
SEARO  South East Asia Regional Office of World Health Organization
TB     Tuberculosis
USAID  United States Agency for International Development
WHO    World Health Organization
WPRO   Western Pacific Regional Office of World Health Organization
BACKGROUND

More than eight million people become sick with Tuberculosis (TB) each year. In the Eastern Mediterranean region, every year 620,000 people develop TB and 133,000 die from the disease. Tuberculosis (TB) continues to be a major international killer disease because of poor access to effective high quality TB medicines, irrational treatment decisions and behaviors, and counterproductive financial priorities by some national health systems that impede progress.

As a consequence of new global initiatives, access to TB medicines may become less of a problem as both first and second-line TB treatment are made more available to developing countries. However, increased supply of drugs to countries does not necessarily translate into pharmaceuticals being available when and where patients need them. Stock-outs can still occur in the absence of appropriate pharmaceutical management, with the associated risks of accelerated development of resistant strains and of treatment failure.

RPM Plus supports WHO’s Stop TB Initiative by providing technical assistance through various global, regional and national activities to strengthen TB pharmaceutical management capacity of TB control programs. One activity is to facilitate workshops on Pharmaceutical Management of TB so that TB and essential medicine managers can support DOTS by assuring a steady supply of TB medicines at health facilities when patients need them. Another activity is to assist the Global TB Drug Facility at WHO to support DOTS expansion by conducting pharmaceutical monitoring missions to countries earmarked to receive TB medicine grants.

In response to pharmaceutical management needs in the Eastern Mediterranean region, Management Sciences for Health’s Rational Pharmaceutical Management Plus (RPM Plus) program funded by USAID in collaboration with the WHO Eastern Mediterranean Regional Office (EMRO), Royal Netherlands Tuberculosis Association (KNCV), Global TB Drug Facility (GDF), Green Light Committee (GLC) and National Tuberculosis and Control Program (NTP) Egypt conducted a regional training course in Cairo, Egypt.

The training modules used in the workshop consist of numerous practical exercises, use of pharmaceutical management tools and a field exercise designed for the participants to practice data-gathering for monitoring, supervision and evaluation of national TB programs. A series of measurable indicators for TB drug management were also utilized for the field exercise. The training modules have been used for similar training workshops in Honduras, South Africa, Mexico, Romania, Moldova, Indonesia and Moscow.

During an overlapping time period with the workshop RPM Plus conducted a GDF monitoring mission to Egypt to access the readiness of the country to receive the second year grant of TB medicines and to determine the country’s total procurement needs.

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Purpose of Trip

The purpose of the trip was to facilitate a workshop on Pharmaceutical Management for TB for participates from countries in the EMRO and WPRO (Western Pacific Regional Office) regions of WHO and to conduct a monitoring mission to determine the capacity of National TB Program in Egypt to appropriately quantify, clear through port, distribute, control stocks and use according to the criteria established by the GDF.

The workshop “Pharmaceutical Management for Tuberculosis” was held from May 8 to 12, 2005 in Cairo Egypt. 16 participants from 7 countries attended the workshop. Thomas Moore, Andrey Zagorskiy and Chinwe Owunna of RPM Plus traveled to Cairo to facilitate the workshop. RPM Plus supported the participation of Dr. Thomas J Chiang, a consultant to the NTP Pakistan seconded by the German Leprosy Relief Association (GLRA) as course facilitator and participant.

The GDF monitoring mission was conducted from May 9 to 15, 2005. Thomas Moore and Chinwe Owunna undertook this mission.

Scope of Work

For Thomas Moore and Chinwe Owunna:
- Conduct the GDF monitoring mission
- Meet with National TB Program Director to discuss GDF grant criteria
- Work with MoH TB personnel to assess TB drug supply system
- Work with National TB Program Director to quantify TB medicine needs
- Facilitate the workshop “Pharmaceutical Management for Tuberculosis”
- Brief/debrief USAID officials as requested

For Andrey Zagorskiy:
- Facilitate the workshop “Pharmaceutical Management for Tuberculosis”
- Brief/debrief USAID officials as requested
ACTIVITIES

Facilitate the workshop “Pharmaceutical Management for Tuberculosis”
Management Sciences for Health’s Rational Pharmaceutical Management Plus Program funded by USAID in collaboration with WHO—EMRO, GLC, GDF, KNCV and NTP Egypt conducted a training course on “Pharmaceutical Management for Tuberculosis” in Cairo, Egypt from May 8 to 12, 2005. This is the first time a course in pharmaceutical management was conducted in this region. Sixteen participants from seven countries (Sudan, Syria, Pakistan, Egypt, Philippines, Yemen, and Somalia) attended the workshop. See participant’s list in Annex 2.

The workshop was facilitated by Thomas Moore (MSH) Andrey Zagorskiy (MSH), Chinwe Owunna (MSH) Dr. Thomas J Chiang (GLRA), and Dr. Essam El Moghazy (NTP/Egypt Deputy Manager). The opening and closing ceremonies of the workshop was officiated by WHO/EMRO STOP TB Regional Officer Dr. Akihiro Seita and Dr. Essam Azzam, Under Secretary for Research and Health Development, Ministry of Health and Population, NTP Manager Egypt. See course agenda in Annex 1 and Facilitator’s list in Annex 3.

The overall course objectives for the workshop were to:

- Appropriately select and quantify necessary medicines and supplies for national programs, taking into consideration the various types of TB cases and World Health Organization (WHO) recommendations
- Establish technical specifications and appropriate mechanisms of supply, so that the quality of medications and commodities procured and used in national programs can be assured
- Establish the appropriate mechanisms to guarantee that medicines and supplies are delivered to health services at the right moment and in adequate quantities
- Establish monitoring mechanisms for medication and supply availability and use

The course modules, presented as 7 sessions, addressed all elements of the pharmaceutical management cycle for TB medicines. Each session consisted of slide presentations and practical exercises performed individually, in groups or in plenary. The course modules are structured to encourage participants to start thinking through the strengths and weaknesses in their systems from the beginning of the course. Participants adapted appropriate tools and embarked on a field exercise assessing various aspects of the TB pharmaceutical management system in Egypt. The findings were presented to NTP deputy manager and his team during the course.

Participants were grouped according to their resident countries. Through brainstorming the various groups identified the weaknesses in their pharmaceutical systems. Participants then used this information to develop an improvement plan that listed key activities and identified key players and resources required for implementation. RPM Plus will follow up with participants over the next several months to determine the progress with implementation of their improvement plans.

Participants were asked to evaluate each workshop session and practical exercise and to give their overall evaluation of the training. In general, upwards of 90% of participants rated each aspect very helpful. Details of participant evaluations are presented in Annex 4.
Conduct the GDF monitoring mission
Thomas Moore and Chinwe Owunna in the company of Kahled Sultan GDF Focal Person WHO—EMRO conducted the GDF monitoring mission. The team visited three health facilities in Cairo, the Central Medical Stores, Central Administration of Pharmaceutical Affairs, Drug Regulatory Authority and Ministry of Health’s Procurement unit. Visit to the above listed sites was required to complete the GDF monitoring visit questionnaire.

Meet with National TB Program Director to discuss GDF grant criteria
The GDF monitoring team met with the NTP Manager Dr. Essam Azzam, Under Secretary for Research and Health Development, Ministry of Health and Population, and his team to obtain information required for the GDF visit. Dr. Azzam and his deputy were briefed on the GDF grant criteria and direct procurement option offered to countries that have the capacity to use this service. They were reminded that the grant agreement ends following the third year of receiving free TB medicines. After which a follow-on agreement will only transpire if specified criteria is met based on available funding including a formal request to continue the grant by the country’s TB program.

Work with MoH TB personnel to assess TB drug supply system
The GDF monitoring team worked with several Ministry of Health (MoH) TB personal that attended the course to understand the TB drug supply system. The TB drug supply system was assessed by the course participants during field visits.

Work with National TB Program Director to quantify TB medicine needs
The GDF team met with the NTP director, Dr. Azzam to assess the procurement needs of the country. Dr. Azzam informed the team that he had scheduled a meeting with local TB drug manufacturers to determine what the local manufacturing capacity will be during the procurement period. Only after the meeting can the country inform GDF what level of support is required for the next procurement period.

A copy of the GDF monitoring visit can be obtained by contacting GDF procurement officer Robert Matiru at matirur@who.int

Brief/debrief USAID officials as requested
USAID TB country representative Dr. Midiani was contacted during the visit to Cairo, but debriefing was not requested from the team.
NEXT STEPS

WHO--EMRO requested MSH/RPM Plus to determine the feasibility of conducting a follow-on course on Pharmaceutical Management for Tuberculosis in the EMRO region.

RPM Plus will provide remote technical assistance to course participants as needed to help with improvement plan implementation.

RPM Plus will follow up with the NTP director to determine the country’s procurement requirements for the next shipment of GDF grant medicines.
## ANNEX 1: AGENDA

*Pharmaceutical Management for Tuberculosis*

8-12 May, 2005 Cairo, Egypt

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Activity</th>
<th>Facilitators *</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>May 8</strong></td>
<td>9:00–9:30</td>
<td>Welcome and introduction to the workshop</td>
<td>Dr. Essam Azzam, NTP Egypt</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Dr. Essam Almoghazy, NTP, Egypt</td>
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<td></td>
<td></td>
<td></td>
<td>Dr. Seita Akihiro, WHO-EMRO</td>
</tr>
<tr>
<td></td>
<td>9:30–10:00</td>
<td>Introduction of facilitators and participants</td>
<td>Thomas Moore, MSH</td>
</tr>
<tr>
<td></td>
<td>10:00–10:30</td>
<td>Format of the course</td>
<td>Thomas Moore, MSH</td>
</tr>
<tr>
<td></td>
<td>10:30–11:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11:00–11:30</td>
<td><strong>Session 1:</strong> Introduction to Management of TB Medicines and Supplies</td>
<td>Andrey Zagorskiy, MSH</td>
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<tr>
<td></td>
<td>11:30–12:00</td>
<td>Group Activity</td>
<td></td>
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<tr>
<td></td>
<td>12:00–12:15</td>
<td>Pharmaceutical Management in Pakistan</td>
<td>Dr. T.J. Chiang, GLRA</td>
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<td></td>
<td>12:15–13:00</td>
<td><strong>Session 2:</strong> Selection and Quantification</td>
<td>Thomas Moore, MSH</td>
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<td>Chinwe Owunna, MSH</td>
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<tr>
<td></td>
<td>13:00–14:00</td>
<td>Lunch</td>
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<tr>
<td></td>
<td>14:00–16:30</td>
<td>Group Activity</td>
<td></td>
</tr>
<tr>
<td><strong>May 9</strong></td>
<td>9:00–10:30</td>
<td><strong>Session 3:</strong> Procurement, GLC, GDF and WHO Pre-qualification Program</td>
<td>Andrey Zagorskiy, MSH</td>
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<td></td>
<td></td>
<td></td>
<td>Fabienne Jouberton, WHO/GLC</td>
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<td></td>
<td>10:30–11:00</td>
<td>Break</td>
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<tr>
<td></td>
<td>11:00–12:00</td>
<td>Group Activity</td>
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<tr>
<td></td>
<td>12:00–13:00</td>
<td><strong>Session 4:</strong> Quality Assurance</td>
<td>Thomas Moore, MSH</td>
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<td></td>
<td>13:00–14:00</td>
<td>Lunch</td>
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<td></td>
<td>14:00–15:00</td>
<td>Group Activity</td>
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<td></td>
<td>15:00–15:45</td>
<td><strong>Session 5:</strong> Distribution</td>
<td>Andrey Zagorskiy, MSH</td>
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<td>15:45–16:30</td>
<td>Group Activity</td>
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<tr>
<td><strong>May 10</strong></td>
<td>9:00–10:00</td>
<td><strong>Session 6:</strong> Use</td>
<td>Thomas Moore, MSH</td>
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<td>10:00–10:30</td>
<td>Group Activity</td>
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<td>10:30–11:00</td>
<td>Break</td>
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<tr>
<td></td>
<td>11:00–11:30</td>
<td><strong>Session 7:</strong> Monitoring and Evaluation</td>
<td>Andrey Zagorskiy, MSH</td>
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<td>Chinwe Owunna, MSH</td>
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<tr>
<td></td>
<td>11:30–12:00</td>
<td>Instructions for the monitoring and evaluation exercise</td>
<td></td>
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</table>
### May 10 (cont.)

<table>
<thead>
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<th>Time</th>
<th>Activity</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00—16:00</td>
<td>Group Activity—preparing for field visit</td>
<td>Dr. Essam Azzam, NTP Dr. Essam Almoghazy, NTP Thomas Moore, MSH Andrey Zagorskiy, MSH Chinwe Owunna, MSH</td>
</tr>
<tr>
<td>13:00—14:00</td>
<td>Lunch</td>
<td></td>
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<tr>
<td>16:00—17:00</td>
<td>Plenary—review participant field visit plans/data collection instruments</td>
<td>Participant representatives</td>
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</table>

### May 11

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<tr>
<th>Time</th>
<th>Activity</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>9:00—13:00</td>
<td>Fieldwork</td>
<td>Participants in groups</td>
</tr>
<tr>
<td>13:00—14:00</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>14:00—16:30</td>
<td>Group work—analyze data, prepare presentation of findings and recommendations</td>
<td>Dr. Essam Azzam, NTP Dr. Essam Almoghazy, NTP Thomas Moore, MSH Andrey Zagorskiy, MSH Chinwe Owunna, MSH</td>
</tr>
<tr>
<td>9:00—10:30</td>
<td>Plenary—Groups present findings and recommendations</td>
<td>Participant representative</td>
</tr>
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</table>

### May 12

<table>
<thead>
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<th>Time</th>
<th>Activity</th>
<th>Facilitators</th>
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<tr>
<td>10:30—11:00</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>11:00—12:00</td>
<td>Individual work—prepare country plans for Improvement</td>
<td>All participants</td>
</tr>
<tr>
<td>12:00—12:30</td>
<td>Individual activity-course evaluation</td>
<td>All participants</td>
</tr>
<tr>
<td>12:30—13:00</td>
<td>Pharmaceutical Management when applying to GFATM</td>
<td>Thomas Moore, MSH</td>
</tr>
<tr>
<td>13:00:14:00</td>
<td>Closing comments</td>
<td>Dr. Essam Azzam, NTP Dr. Essam Almoghazy, NTP Dr. Seita Akihiro, WHO Thomas Moore, MSH</td>
</tr>
</tbody>
</table>

*Lunch*

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* NTP Egypt = National TB Program; MSH = Management Sciences for Health; GLRA = German Leprosy Relief Association; WHO/GLC = World Health Organization/Green Light Committee, EMRO = Eastern Mediterranean Regional Office
## ANNEX 2. PARTICIPANT’S LIST

<table>
<thead>
<tr>
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</tbody>
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# ANNEX 3: FACILITATOR’S LIST

## FACILITATORS

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<thead>
<tr>
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<th>Country</th>
<th>Title/organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
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<td>Management Sciences for Health</td>
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ANNEX 4: COURSE EVALUATION

Individual Session Evaluations

Course Overview: Understanding of the course methodology and materials to bring to the course

- Yes absolutely 43%
- Yes, Mostly, 57%

Session 1 Introduction: Background and introduction of the subject

- yes absolutely 64%
- Yes, Mostly, 36%

Group Activity Session 1: Participants analyze and discuss problems with TB pharmaceutical management in their programs

- Yes Absolutely, 43%
- Yes, Mostly, 57%

Session 2 Selection and Quantification: Participants understand concepts and practical tools for selection and quantification of TB pharmaceuticals and supplies

- Yes Absolutely, 57%
- Yes, Mostly, 43%

Group Activity session 2: Practice quantification of anti-TB pharmaceuticals and supplies, morbidity method

- Yes Absolutely, 64%
- Yes, Mostly, 36%

Session 3 Procurement: Strategies for effectively procuring pharmaceuticals and supplies for TB including from GDF and GLC

- Yes Absolutely, 29%
- Yes, Mostly, 43%
- Yes, minimally, 29%

Group Activity session 3: Exercises to analyze procurement practices in participants’ countries

- Yes Absolutely, 36%
- Yes, Mostly, 36%
- Yes, minimally, 29%
Session 4 Quality Assurance: Strategies to assure quality of TB pharmaceuticals

- Yes Absolutely, 36%
- Yes, Mostly, 50%
- Yes, minimally, 14%

Group Activity Session 4: Exercise to describe quality assurance system in participants’ countries; discussion of quality specifications

- Yes Absolutely, 36%
- Yes, Mostly, 50%
- Yes, minimally, 14%

Session 5 Distribution: Issues and alternatives for distributing pharmaceuticals and supplies

- Yes Absolutely, 36%
- Yes, Mostly, 57%
- Yes, minimally, 7%

Group Activity Session 5: Practice with check lists to analyze distribution management cycle in participants’ countries

- Yes Absolutely, 36%
- Yes, Mostly, 64%

Session 6 Use: Strategies to promote rational use of TB pharmaceuticals

- Yes Absolutely, 57%
- Yes, Mostly, 43%

Group Activity Session 6: Participants analyze rational use problems in their TB programs and suggest options for overcoming the problems

- Yes Absolutely, 57%
- Yes, Mostly, 29%
- Yes, minimally, 14%

Session 7 Monitoring and Evaluation: Methods for monitoring performance of TB program and use of indicators for on-going monitoring

- Yes Absolutely, 45%
- Yes, Mostly, 45%
- Yes, minimally, 9%

Group Activity Session 7: Participants prepare data collection instruments for measuring and reporting on TB pharmaceutical management in the host country
- Yes Absolutely, 46%
- Yes, Mostly, 38%
- Yes, minimally, 8%

**Final Presentations of Field Visits:** Participants prepare a group presentation of findings from the visit to host country health facilities and present in plenary

- Yes Absolutely, 69%
- Yes, Mostly, 23%
- Yes, minimally, 8%

**General Evaluation**

**Question 1:** The course had importance for my future professional responsibilities

- Yes Absolutely, 100%

**Question 2:** The course allowed me to better understand the concepts and use of tools to better perform my duties

- Yes Absolutely, 69%
- Yes, Mostly, 31%

**Question 3:** The course gave me the opportunity to exchange useful experiences with participants from other countries

- Yes Absolutely, 62%
- Yes, Mostly, 31%
- Yes, minimally, 8%

**Question 4:** The theoretical content of the presentations was useful and sufficient

- Yes Absolutely, 46%
- Yes, Mostly, 46%
- Yes, minimally, 8%

**Question 5:** The exercises and group activities were useful and sufficient

- Yes Absolutely, 31%
- Yes, Mostly, 69%

**Question 6:** There was a good mix of presentations, discussions and group activities
- Yes Absolutely, 62%
- Yes, Mostly, 31%
- Yes, minimally, 8%

**Question 7:** The duration of the course was appropriate

- Yes Absolutely, 29%
- Yes, Mostly, 43%
- Yes, minimally, 7%
- No, left some doubts 14%
- No, need much more 7%

**Question 8:** Which three activities or sessions were most useful for you, the first you list being the most useful

- Distribution Session (8)
- Selection and Quantification (6)
- Quantification exercise (2)
- Procurement (8)
- Procurement Exercise (1)
- Quality Assurance (6)
- Use (2)
- Monitoring and Evaluation (7)
- Improvement plan (1)
- Field Visits (1)

**Question 9:** Which three activities or sessions were the least useful for you, the first you list being the least useful

- Distribution (2)
- Selection and Quantification (2)
- Use (4)
- Quality Assurance (1)
- Monitoring and Evaluation (1)
- Procurement (1)
- Procurement activity (1)
- Field Visit (1)
- Introduction (1)

**Question 10:** What other subjects should have been included in this course

- More Examples required
- Provide detailed procurement scheme for 2nd line medicines
- Elaborate on reporting system of data collected
- visit more health facilities,
- Each group should utilize all indicators for pharmaceutical cycle during field visits
- Provide more information on storage needs and conditions
- Provide more information on the overview of TB disease worldwide, trend of MDR-TB, side effects and their management for TB medicines

**Question 11:** What suggestions do you have to improve this course?

- Provide more educational tools, books
- All participants must be required to be present for all group activities
- An interpreter must be available for field visits
- More time is needed for formulation of indicators
- Participants to conduct countrywide survey by of TB pharmaceutical Management,
- Asking participants to relate/incorporate knowledge gained to their individual TB responsibilities; and providing technical support via email as needed
- More time for field visits
- Conduct workshop in High burden TB countries