

TB Pharmaceutical Supply System Analysis in Vietnam January 22 to February 14, 2007: Trip Report

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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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Key Words

Tuberculosis, Vietnam, GFATM, Pharmaceutical supply system,

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CCM	Country Coordinating Mechanism
CDC	United States Centers for Disease Control and Prevention
DST	Drug Susceptibility Testing
E	Ethambutol
GFATM	Global Fund to Fight AIDS Tuberculosis and Malaria
GLC	Green Light Committee
H	Isoniazid
HCMC	Ho Chi Minh City
HIV	Human Immunodeficiency Virus
ICB	International Competitive Bidding
M&E	Monitoring and Evaluation
MDR	Multi-Drug Resistant
MOF	Ministry of Finance
MOH	Ministry of Health
MSH	Management Sciences for Health
NTP	National Tuberculosis Program
R	Rifampicin
RPM Plus	Rational Pharmaceutical Management Plus
S	Streptomycin
TB	Tuberculosis
USAID	United Agency for International Development
WHO	World Health Organization
Z	pyrazinamide

BACKGROUND

Vietnam has completed the implementation of phase one of its Round 1 Global Fund grant project “Reaching Tuberculosis patients among high-risk groups, remote population and people living with HIV/AIDS”. Funding approval has been granted by the Global Fund for the implementation of phase two of the grant project; however funds will not be released until the following conditions are met:

1. Improve and enhance capacity to supervise and evaluate the program.
2. Strengthen financial supervision and management.
3. Enhance the quality of management of drugs, equipments, and materials for the TB control program.

The Vietnam Country Coordinating Mechanism (CCM), Ministry of Health (MoH) /National Tuberculosis Program (NTP) requested technical assistance from the US Embassy to address already identified problems. Management Sciences for Health’s (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Project was requested to provide technical assistance in the area of TB pharmaceutical supply management system. The Scope of Work drafted by the Vietnam CCM and MoH was reviewed and approved by the US Government Interagency panel for Global Fund.

The specific objectives of the technical assistance to be provided by MSH/RPM Plus, stated in the request are:

1. To arrange capacity strengthening courses for staffs in charge of procurement, distribution and management of equipments and materials of TB control program on: method to design procurement plan, expertise in international procurement and bidding, experiences in selection of capable suppliers, expertise and methods of forecast on usage of drugs, equipments and materials and management.
2. To design a process of distribution, monitoring and management of drugs, equipments and materials at national and local levels.
3. To design guidelines on procurement, monitoring and supervision of usage of drugs and materials of the TB control program.

The US Agency for International Development (USAID) funded project RPM Plus identified three persons to conduct an initial assessment in Vietnam to evaluate the TB pharmaceutical supply system.

Purpose of Trip

The purpose of the trip was to work with the MOH/NTP to define the actions and service objectives for the program, assess the current tuberculosis pharmaceutical supply system and to develop a strategy for guidance and support.

RPM Plus senior program associate Chinwe Owunna and consultants Raj Gonsalkorale and Hung Luu Nguyen participated in an analysis of the TB pharmaceutical supply system in Vietnam to determine current practices and identify ways to improve the system. The analysis was conducted from January 22 to February 14, 2007.

Scope of Work

Scope of work for the visit included:

- Map current TB pharmaceutical supply system and establish capacity
- Prioritize needs and propose a technical assistance plan for removing Global Fund bottlenecks.
- Provide a debriefing for USAID and CDC/Vietnam, as requested

ACTIVITIES

1) Map Current TB Pharmaceutical Supply System and Establish Capacity

Responding to the request for technical assistance in the TB pharmaceutical supply management system, MSH/RPM Plus conducted an initial visit to Hanoi, Vietnam from January 22 to February 14, 2007 to map out the TB pharmaceutical system and propose a plan for implementation of activities. During the visit, interviews were conducted with the NTP team and Global Fund TB program manager. Field visits were undertaken to TB medical stores at central, regional, provincial and district level in Hanoi, Ho Chi Minh City (HCMC), Bac Can and An Giang provinces. Commune level health facilities were also visited in Bac Can and An Gaing provinces. Annex 2 provides a complete list of sites visited.

TB Medicine Selection and Treatment Regimens

NTP has a national treatment guideline which was last revised in 1999 and it is currently revising the TB treatment guidelines. Category I and III TB patients are treated with streptomycin (S), isoniazid (H), rifampicin (R) and pyrazinamide (Z) during the intensive phase, and isoniazid and ethambutol (E) during the continuation phase (2SHRZ/6HE). For Category II TB patients SHRZE, is administered during the first two months, HRZE the next month and an intermittent treatment of 5 months with HRE (2SHRZ/1HRZE/5H₃R₃E₃).

Current treatment regimens used in Vietnam do not comply with international recommendations from the World Health Organization (WHO). The use of streptomycin injection during the intensive phase of category I treatment unnecessarily exposes patients to injections. Treatment with streptomycin is also more expensive than the recommended ethambutol tablets since patients will also have to buy their own syringes and needles to comply with said treatment because these are not provided free to TB patients by the national program.

The drug formulations and strength used:

Drug name	Strength	Dosage form	Type of packing
Streptomycin	1 gram	vials	vials
Rifampicin/Isoniazid	150mg/100mg	tablets	Loose tablets
Pyrazinamide	500mg	tablets	Loose tablets
Ethambutol	400mg	tablets	Loose tablets
Isoniazid	300mg	tablets	Loose tablets

NTP has requested assistance from the Global TB Drug Facility (GDF) to provide first line TB medicines. If granted, TB drug formulations, drug strengths and pack sizes may change.

Procurement of TB Medicines

NTP established its own procurement unit in 2001, which is managed under the MoH Planning Department. Previous procurement of TB commodities (2001 to 2005) was funded by World Bank loans; presently, funding is provided by the Government of Vietnam. Procurement is done using international competitive bidding (ICB) method in accordance with national procurement polices. Procurement of TB medicines with government funds utilize local suppliers to fill up the pipeline.

The Planning Department within the NTP is responsible for the following activities amongst others:

- Preparing the annual budget plan for procurement of TB medicines and other associated supplies.
- Preparing the annual procurement plan.
- Preparing an annual distribution plan
- Ensuring that the procurement budget is approved and contracts awarded to suppliers
- Issuing purchase order for procurement and monitoring stock movement until delivery to the stores

Lead-times between submission of procurement budget for approval and actual issue of purchase order to supplier is extremely long; about 6 months for local procurement and 9 months for international procurement. An annual expenditure statement for TB commodities is prepared by the planning department and forwarded to the MOH for approval, upon receipt of approval; an annual procurement plan is prepared and submitted to the MOH for final approval. Once approved, the tendering process can begin.

NTP is also required to obtain a duty wavier from the MOH and Ministry of Finance (MOF) before any shipments will be authorized for clearing at the ports. The suppliers (if international) are required to send specified documents that will be submitted to the MOH and MOF before wavier authorization can be granted. If for some reason there is a mistake in one or more of the documents (for example, original copies are not sent); the shipment is rejected and the whole process will have to start again. Each procurement order by the NTP is required to undergo this laborious process. Annex 3 provides more details and lead times for the procurement processes. The long lead-times will greatly impact any international procurement such as for second line TB medicines as more frequent procurements and low buffer stock levels may be required.

The NTP procurement unit, as well as the MOH staff involved in the tender process, has not received adequate training to perform procurement functions effectively. NTP also requested technical assistance with the revision of bidding documents and standardization of the tender process to ensure compliance with international specifications.

Quantification of TB Medicines and Supplies

The planning department is responsible for preparing quarterly distribution plans to supply regional warehouses with stock. These plans are based on the previous quarter data on patient numbers, stock on hand at the beginning and end of the quarter, and set buffer stock levels for district, provincial and regional stores. In preparing these distribution plans, the central level relies on TB quarterly reports provided through the regional, provincial and district TB offices.

Quantification is done quarterly at the district and provincial levels and considers complete treatment for each patient. Commune level collects TB medicines monthly from district TB stores. NTP developed a distribution planning tool for estimating TB medicine and laboratory material at different levels. The tool contains set formulas for calculating TB medicine and supply requirements and calculates appropriate buffer stock levels. The reasons for the formulas used in the tool did not appear to be well understood by staff. Stock-outs of one TB medicine for about 3 weeks at one provincial store also indicate that the tool may not have been used for estimation of needs.

Distribution of TB Medicines and Supplies

NTP contracts out port clearance and distribution of TB medicines and supplies. Last year, the contract was awarded to VIMEDIMEX a government agency. Quality control and quality assurance of TB supplies before port clearance is done by VINACONTROL a quasi-government agency.

Distribution is carried out through a central warehouse based in Hanoi and two regional warehouses based in Ho Chinh Minh City (HCMC), for the Southern region and Da Nang for the central region. The Hanoi central warehouse also acts as the regional warehouse for the Northern region. The regional warehouses distribute to provincial stores, who in turn supply district hospitals.

The regional warehouses distribute as follows:

Hanoi –	29 Provinces, 5 Hospitals (3 national and 2 Military hospitals)
Da Nang –	13 Provinces
HCMC –	22 Provinces, 1 National hospital

The district stores collect TB medicines from provincial stores every quarter. The lowest health service unit is the commune health post and these posts do not carry stocks for distribution except for patients who are already on treatment during the current month. NTP guidelines stipulate that commune level collects TB medicines monthly from district stores however, in some provinces (for example An Giang), commune level staff collect TB medicines weekly.

Distribution of TB commodities is done using a push system at all levels. Regional TB stores are supplied stock every 6 months while provincial and district TB stores collect their stock every

quarter. Transportation costs associated with collecting allocated quarterly stock at provincial and district level is supported by the provincial budget. Sometimes, quantities allocated for distribution are not always collected by stocking locations mainly due to transportation difficulties.

Store Management and Inventory Control

The warehousing section within the NTP comprises of a central warehouse in Hanoi (which also functions as the regional warehouse for the northern region), a regional warehouse in Da Nang catering to the central region, and a regional warehouse in HCMC catering to the Southern region (which also functions as the provincial warehouse for the HCMC province).

Locally procured items are delivered direct to the three warehouses and imported supplies are delivered to the central warehouse in Hanoi for distribution to the two regional warehouses in Da Nang and HCMC. NTP is currently exploring direct delivery of locally procured TB commodities to provincial stores by suppliers to decrease stock holding at regional stores due to space limitation. However, it is still not known how the quality control and quality assurance measures will be accomplished if adopted.

NTP guidelines recommend that buffer stock levels of 15 months be kept at a central store, 9 months at regional store level, 6 months at provincial level and 3 months at district level. In practice, this is not the case as the central store in Hanoi also services as a regional store for the central region with no differentiation in inventory record holdings of said store. The regional store at HCMC (also the provincial store) reported collecting 6 months buffer stock from the central stores due to limited storage space. For the same reason, TB stock for two quarters was reported to be sometimes pushed down to district stores at once. One provincial store visited reported providing only one month buffer stock to the district stores because of unfavorable storage conditions at that level. Some of the provincial and district stores seen were temporary storage facilities which did not have sufficient space to hold large volumes of stock. One provincial store visited was renting a space outside the TB hospital to stock products which also included TB and HIV commodities. Storage conditions at one of the district stores visited was very inadequate.

The planning department at central level reported that only 15 months buffer stock is considered during annual quantification of TB commodities making it impossible to adequately maintain the level of buffer stock recommended in the guidelines. Stock-out for about 3 weeks of one TB medicine (Z) was observed at a provincial store indicating that adequate buffer stock levels may not have been maintained for all medicines as TB treatment requires a combination of four medicines to be administered at once during the intensive phase.

At one of the regional stores, streptomycin injection (147,000 vials) that expired since December 2002 was still kept in the store. It was reported that funds are not available to destroy the drugs. National regulations for destroying expired pharmaceutical products require that a committee be set up to oversee the process of destruction. The regional, provincial or district stores are also required to fund this from their very limited budget. One method used by provincial and district

stores to ensure TB medicines do not expire is to reject short dated medicines from central or regional stores.

Stock or bin cards used for inventory control are not kept at any TB stores at any level. However, registers are provided by the MOH for recording medicine receipts and issues. This method is not very user friendly and requires more efforts to extract required data. There is also no column available for tracking expiration date of each medicine received. At one Southern province, the provincial and district stores created an extra column in the registers for tracking medicine expiration date.

Store keepers stated that they have never been trained on good storage practices. Only store keepers who are also certified technicians received some kind of pre-service training on good storage practices. NTP training manual for in-service trainings does not include any section on good storage practices.

Monitoring, Evaluation and Supervision

Monitoring, evaluation (M&E) and supervision department of the NTP is responsible for conducting supervisory visits at provincial, district and commune levels to monitor performance and progress of TB control. Provinces undertake their own supervision of district activity (quarterly), and districts, supervise activity of commune health posts on a monthly basis.

The central supervisory unit undertakes four visits every year to all provinces. In each province, supervisors visit one provincial health facility, two district health facilities, four community health posts and eight patients. Each provincial health facility carries out its own supervisory visit to district health facilities quarterly. Districts also conduct supervisory visits to commune health posts monthly.

The NTP has a supervisory checklist, the team could not determine if checklist is used during supervisory visits. This checklist contains no meaningful and objective measure for pharmaceutical supply management performance throughout the system. NTP welcomed the suggestion from RPM Plus to incorporate measurable pharmaceutical supply management component into already existing checklist which will be monitored at all levels and feedback to the central level.

The NTP monitoring and supervision team have not yet been trained on M&E for pharmaceutical supply systems.

Management Information System

NTP developed a software based tool for drug management information which was implemented in 2006 for central and provincial levels. Reporting is done electronically via email from provincial to central level. The system has a server for backing-up information at provincial level; the NTP website is also used to share information. Currently this process is not functioning adequately and the information collected is not very useful. NTP has requested technical assistance to review and improve this system.

At the district level, reporting is not computerized and the quality of this reporting has been reported to be very weak. Reliable information from the district is critical as accurate quantification is dependent on good data from the commune level.

Central level reported occasional delays in receiving complete reports from regional warehouses. Some provincial stores visited also reported occasional untimely, incomplete and inaccurate reporting of quarterly data from the districts. District level also reported inaccurate and delayed reporting from commune level. One district health facility visited requested additional training of staff on how to properly fill out TB reporting forms.

Multi-Drug Resistance (MDR) TB

Vietnam has included management and treatment of MDR TB patients in the recently submitted Round 6 Global Fund proposal. A preliminary plan for implementation was developed in anticipation for Global Fund approval from round 5 however, it fell through and the plan has not been revisited since then. A partners meeting is planned for 2nd quarter of 2007 to discuss the next steps with MDR TB activities in Vietnam.

Regarding second line TB medicines, the plan is to apply to the Green Light Committee (GLC) in anticipation of Global Fund grant approval. NTP has not decided what type of treatment regimens will be used (individualized or standardized treatment) or what products will be selected. Plans are underway to establish more DST facilities. Currently the two DST facilities in the country are located in HCMC and Hanoi.

International procurement will be required for second line TB medicines once approved by the GLC. Some of the problems anticipated for second line TB medicine procurement based on the current system include:

- Second line TB medicines have shorter shelf life (between 18 to 36 months); making it not feasible to keep large buffer stock levels like is done for first line TB medicines.
- Second line TB medicines are significantly more expensive than first line medicines. Inaccurate quantification and inadequate inventory management can cause medicines to expire and this will have a significant financial impact in the TB budget.
- More frequent procurements of medicines may be required as treatment is for up to 24 months and regimens may change in between treatment based on the patients' responsiveness to medicines. The long lead-times for procurement processes will pose a huge challenge in ensuring constant availability of second line medicines.

NTP has requested that second line TB medicines be considered in various areas of the pharmaceutical supply system that RPM Plus will be providing technical assistance on. NTP also requested RPM plus to assist with conducting a review of second line TB drug implementation in South Asian countries and share experiences as the area is quite new to the program.

2) Prioritize Needs and Propose a Technical Assistance Plan for Removing Global Fund Bottlenecks.

MSH/RPM Plus discussed findings from sites visits with the NTP team during a meeting held on February 08, 2007. Based on the recommendations and needs of the NTP an implementation plan was developed. The plan which prioritized NTP needs for technical assistance was discussed with NTP team and Global Fund TB representatives during a meeting held on February 13, 2007. Annex 1 provides details of the implementation plan.

The NTP director was in agreement with proposed activities and time frames however requested that the procurement activity be started earlier. It was also agreed that NTP will

- appoint point persons for each activity to work with MSH technical staff
- Identify point persons who will be trained as master trainers to participate in training workshops
- Support participation of NTP staff attending training workshops
- Provide venues for meetings and trainings

3) Provide a Debriefing for USAID and CDC/Vietnam, as Requested

Briefing and debriefing was not requested from MSH/RPM Plus team during the visit.

Collaborators and Partners

National TB Program, Global Fund to Fight Aids, Tuberculosis and Malaria, United States Agency for International Development,

NEXT STEPS

Immediate Follow-up Activities

- Identify MSH/RPM Plus staff and consultants that will be involved in providing technical assistance
- Identify a full time consultant who will be based in Hanoi to communicate with NTP and coordinate all activities
- Prepare for another visit to Hanoi in March 2007 to meet with NTP and commence development of standard operating procedures for distribution practices
- Contract a short term consultant (procurement specialist) who will commence the implementation of procurement activities if possible by April 2007.

Recommendations

Short term recommendations to be addressed by MSH/RPM Plus include:

Procurement

- Revise the NTP procurement bidding documents to ensure all processes meet international standard
- Build capacity and skills of NTP procurement team to effectively carry out functions
- Explore feasibility of expediting procurement lead-times

Distribution planning and forecasting

- Revise the distribution planning guidelines at all levels and build capacity and skills of NTP staff to effectively forecast TB requirements

Distribution and Storage

- Standardize the distribution process and analyze feasibility of reducing buffer stock levels in supply pipeline
- Introduce use of a second inventory record (stock cards) at TB medical stores and train store keepers on how to use new records
- Develop standard operating procedures for distribution and good storage practices.

Monitoring and Evaluation

- Introduce measurable indicators at central level to monitor performance of pharmaceutical supply system at all levels.
- Introduce use of checklists during supervisory visits to collect and feedback data to central level on TB pharmaceutical supply system

Longer term recommendations to NTP with additional funding support include:

Selection

- NTP to explore the benefits of using streptomycin injection for category one TB treatment against the disadvantages and consider revising national treatment guidelines to meet international standards.

Distribution and Storage

- Revisit policy for destruction of expired pharmaceutical products and reevaluate how central level can take up the responsibility of destroying expired products from district, provincial and regional stores
- NTP should reassess storage facility capacity at all levels and explore the possibility of leveraging resources with other MOH programs (HIV, Malaria, etc) to improve storage conditions at regional, provincial and district levels for joint program commodities.
- Build capacity and skill of store managers at all levels to effectively store and manage TB commodities appropriately.

Information Systems

- Review and revise TB information system processes at all levels and develop standard operating procedures to improve information reporting.
- Review and revise drug management information system software and operations at provincial and central levels to promote generation of useful TB drug management information for performance monitoring
- Build capacity of peripheral level staff to effectively record and report TB quarterly data and feedback in a timely manner to central level as accurate quantification will depend on accurate reporting

MDR-TB

- Develop protocols for treatment of MDR TB
- Develop drug management information system to maintain and monitor second line TB patients and medicines
- After selection of MDR TB medicines and approval from GLC, revisit NTP procurement processes to determine lead-times for second line TB medicines procured internationally to ensure continuous availability of medicines.

ANNEX 1. PLAN FOR IMPLEMENTATION OF TECHNICAL ASSISTANCE IN DRUG SUPPLY MANAGEMENT SYSTEM TO VIETNAM NTP

Goal: to enhance quality and management of drugs, equipment and materials for the TB control program

Specific objectives of technical assistance request include:

- a) To arrange capacity strengthening courses for staffs in charge of procurement, distribution and management of equipments and materials of TB control program on: method to design procurement plan, expertise in international procurement and bidding, experiences in selection of capable suppliers, expertise and methods of forecast on usage of drugs, equipments and materials and management.
- b) To design process of distribution, monitoring and management of drugs, equipments and materials at national and local levels.
- c) To design guidelines on procurement, monitoring and supervision of usage of drugs and materials of the TB control Program.

Expected deliverables from technical assistance request include:

- a) 10 staffs will have been trained on methods to make procurement plan, skill and experience of international procurement and bidding, method of suppliers selection, methods of forecast of usage of drugs, equipments and materials, management.
- b) Availability of process of national and local distribution, monitoring and management of drugs, equipments and materials.
- c) Completion of guidelines on distribution, monitoring and management of drugs, equipments and materials for TB control Program.

Specific activities proposed for implementation by MSH include:

- 1) Standardize TB procurement process and build capacity and skills of procurement team
- 2) Develop standard operating procedures for drug distribution, distribution planning and build capacity and skills of TB staff
- 3) Strengthen monitoring and evaluation of TB drug management through supervisory visits

Other TA activities requested by NTP that need more resources to implement include:

- 4) Review TB drug management information system at all levels and develop guidelines; build capacity and skills of TB officers to improve reliability of TB data reporting

- 5) Review and improve drug management information system software and operations
- 6) Develop guidelines for good storage management; build capacity and skills of TB staff at all levels
- 7) Conduct review of second line TB drugs implementation in South Asian countries and share experiences

Details of MSH/RPM Plus implementation activities for technical assistance

Activity 1: Standardize TB procurement process and build capacity and skills of procurement team

MSH/RPM Plus will

- Review existing bidding documents for procurement
- Revise bidding documents for procurement according to international recommendations and Vietnamese national regulations.
- Develop training materials to build capacity and skills on procurement including tender process and management, supplier selection, negotiations, contracting, quality assurance etc
- Train procurement staff using training materials. Training to include second line TB drugs procurement requirements

Activity 2: Develop standard operating procedures drug distribution, distribution planning and build capacity and skills of TB staff

MSH/RPM Plus will

- Investigate and explore feasibility of rationalizing buffer stock levels
- Investigate feasibility of introducing a second inventory record at stores
- Develop SOPs for drug distribution processes. Content of SOPs will include; procedures for receiving supplies, inventory management, etc
- Review distribution planning guidelines and processes for TB drugs and materials for central, regional, provincial and district levels
- Investigate consumption and use of TB materials and equipment
- Revise distribution planning guidelines for central, regional, provincial and district levels based on current/planned treatment regimens
- Train TB staff on distribution planning process

Activity 3: Strengthen monitoring and evaluation of TB drug management through supervisory visits

MSH/RPM Plus will

- Review M&E process and supervisory checklist at all levels
- Revise/include drug management component to M&E for supervisory checklist
- Train TB officers to improve M&E for drug management through supervisory checklists

Plan of Activities for Technical Assistance to the NTP

Activity 1: Standardize TB procurement process and build capacity and skills of procurement team										
Activity detail	Timeline									Deliverables
	mar	Apr	may	Jun	Jul	Aug	Sept	Oct	Nov	
1) Visit with NTP procurement team to understand procurement procedures and policies			√							
2) Review current bidding documents for procurement and policies			√							
3) Discuss with stakeholders to agree on inclusions and possible changes to bidding process and document			√							
4) Revise bidding document for procurement				√						
5) Translate bidding document to Vietnamese				√	√					
6) Review of revised guidelines with stakeholders and get feedback					√	√				
7) Finalize and submit hard and electronic copies of guidelines to NTP						√				Hard copy and electronic copy of bidding guidelines
8) Prepare training materials to build knowledge and skills of persons involved in the procurement bidding process					√	√				Training materials in English
9) Translate training materials to Vietnamese						√	√			Training materials in Vietnamese
10) Discuss training materials and plan with NTP							√			
11) Train persons involved in procurement bidding process							√			?? staff trained in procurement bidding process

Activity 2: Develop standard operating procedures for drug distribution and distribution planning; build capacity and skills of TB staff											
Activity detail	Timeline										Deliverables
	mar	Apr	may	Jun	Jul	Aug	Sept	Oct	Nov		
1) Visit with NTP to understand current drug distribution and distribution planning process, regulations and reporting requirements	√										
2) Visit medical stores at all levels to understand current distribution and storage practices	√										
3) Discuss strategy for improving drug distribution and distribution planning with NTP and get feedback	√										
4) Develop SOPs for drug distribution and planning		√									
5) Translate SOPs to Vietnamese			√								
6) Review revised SOPs with NTP and incorporate comments				√							
7) Finalize and submit hard and electronic copies of SOPs to NTP				√							Hard copy and electronic copy of guidelines
8) Prepare training materials to train TB staff on distribution planning (TOT --- trained staff will train others)			√		√						Training materials in English
9) Translate training materials to Vietnamese					√						Training materials in Vietnamese
10) Discuss training materials and plan with NTP						√					Plan for conducting training workshop
11) Train TB staff in distribution planning						√					?? TB staff trained

Activity 3: Strengthen monitoring and evaluation of TB drug management through supervisory visits										
Activity detail	Timeline									Deliverables
	mar	Apr	may	Jun	Jul	Aug	Sept	Oct	Nov	
1) Meet with NTP M& E department to understand supervisory visit process and reporting flow	√			√						
2) Review existing supervisory checklist	√									
3) Visit health facilities at different levels to understand supervisory procedure at provincial and district levels	√									
4) Meet with department of M&E to suggest additions to supervisory process and checklists	√									
4) Revise drug supply management section of supervisory checklists		√								
5) Translate to Vietnamese			√							
6) Review revised checklists with NTP and incorporate comments				√						
7) Finalize and submit hard and electronic copies of checklist to NTP				√						Hard copy and electronic copy of guidelines
8) Prepare training materials to train staff on M &E and use of supervisory checklists (TOT --- trained staff will train others)					√					Training materials in English
9) Translate training materials to Vietnamese					√					Training materials in Vietnamese
10) Discuss training materials and plan with NTP						√				Plan for conducting training workshop
11) Train supervisors on M&E for drug supply management						√				?? staff trained

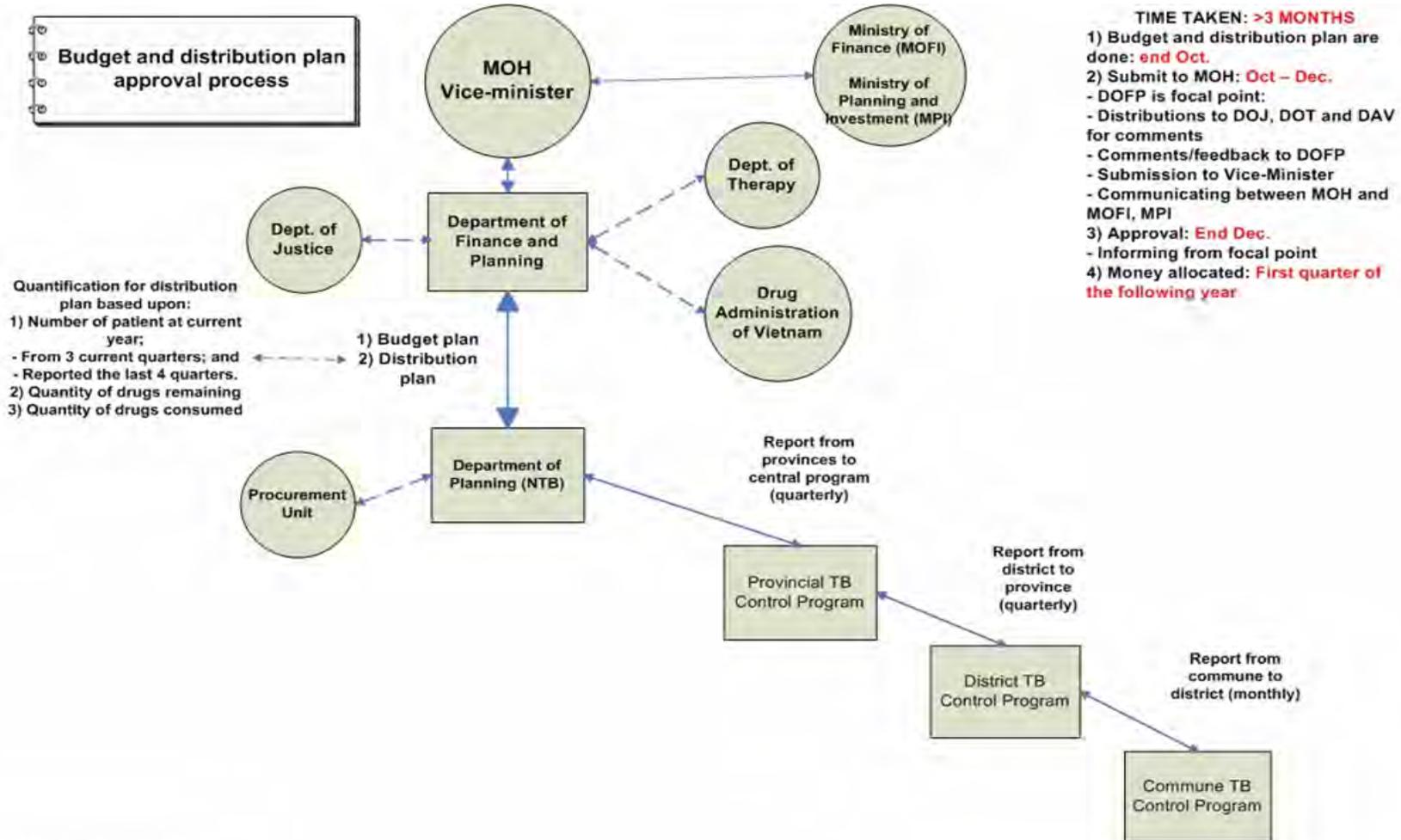
ANNEX 2. SITES AND OFFICES VISITED

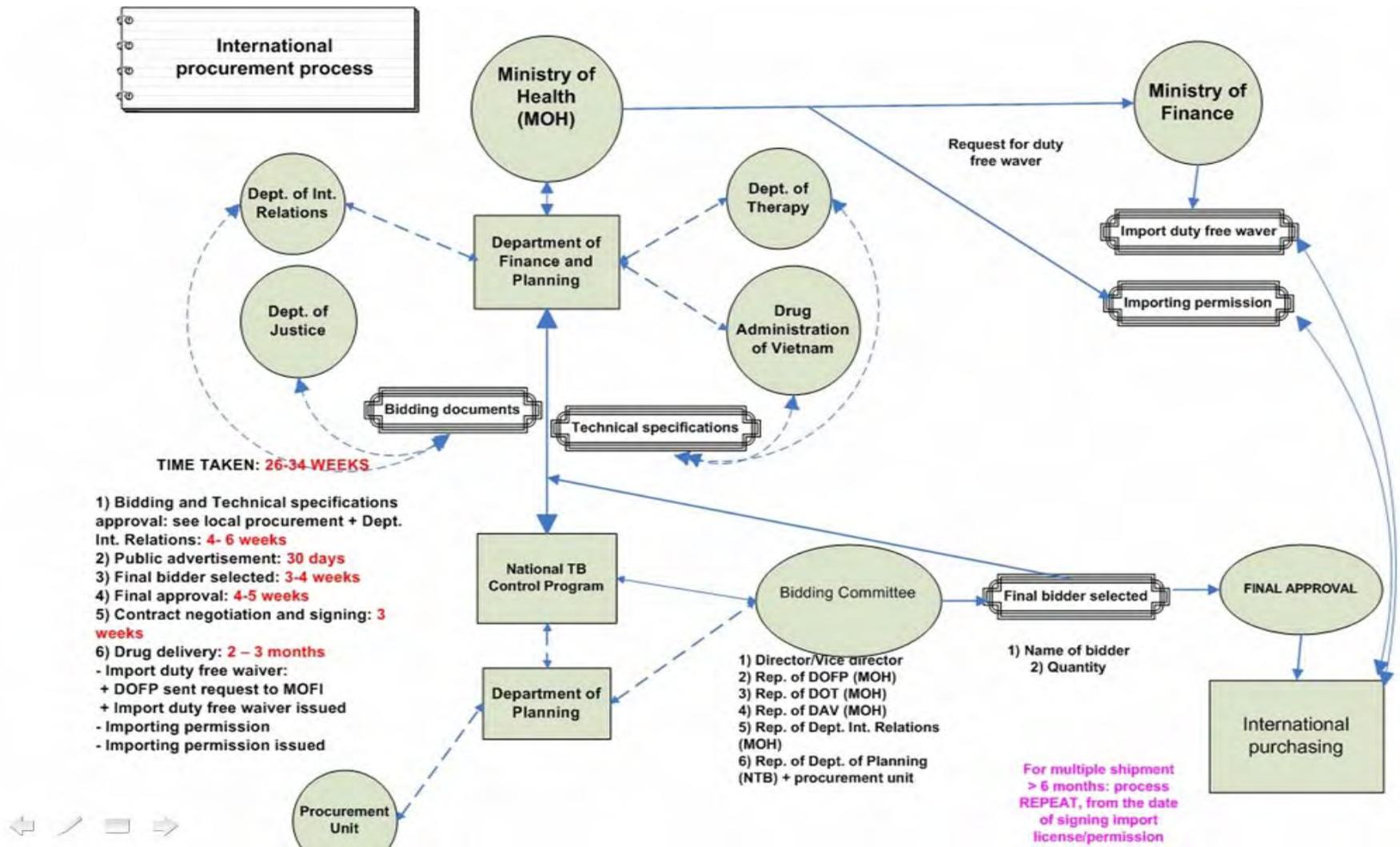
Name	Level	Region	Province	District
Hanoi TB hospital	Central medical store	North	Hanoi	
Hanoi TB hospital	Regional TB medical store	North	Hanoi	
Pham Ngoc Thach TB Hospital	Regional TB medical store	South	Ho Chi Minh City	
Pham Ngoc Thach TB Hospital	Provincial TB medical store	South	Ho Chi Minh City	
TB/HIV Center	Provincial TB medical store	South	An Giang	
TB Diagnostic Center	District TB medical store	South	An Giang	Long Xuyen
Commune Health Center		South	An Giang	Long Xuyen
Centre for Communicable Diseases	Provincial TB medical store	North	Bac Can	
District Health Center	District TB medical store	North	Bac Can	Bach- Thong
Peoples Commune Health Center		North	Bac Can	Bach- Thong
District Outpatient Clinic	District TB medical store	South	HO Chi Minh City	Ba Dinh

Persons met at central level included:

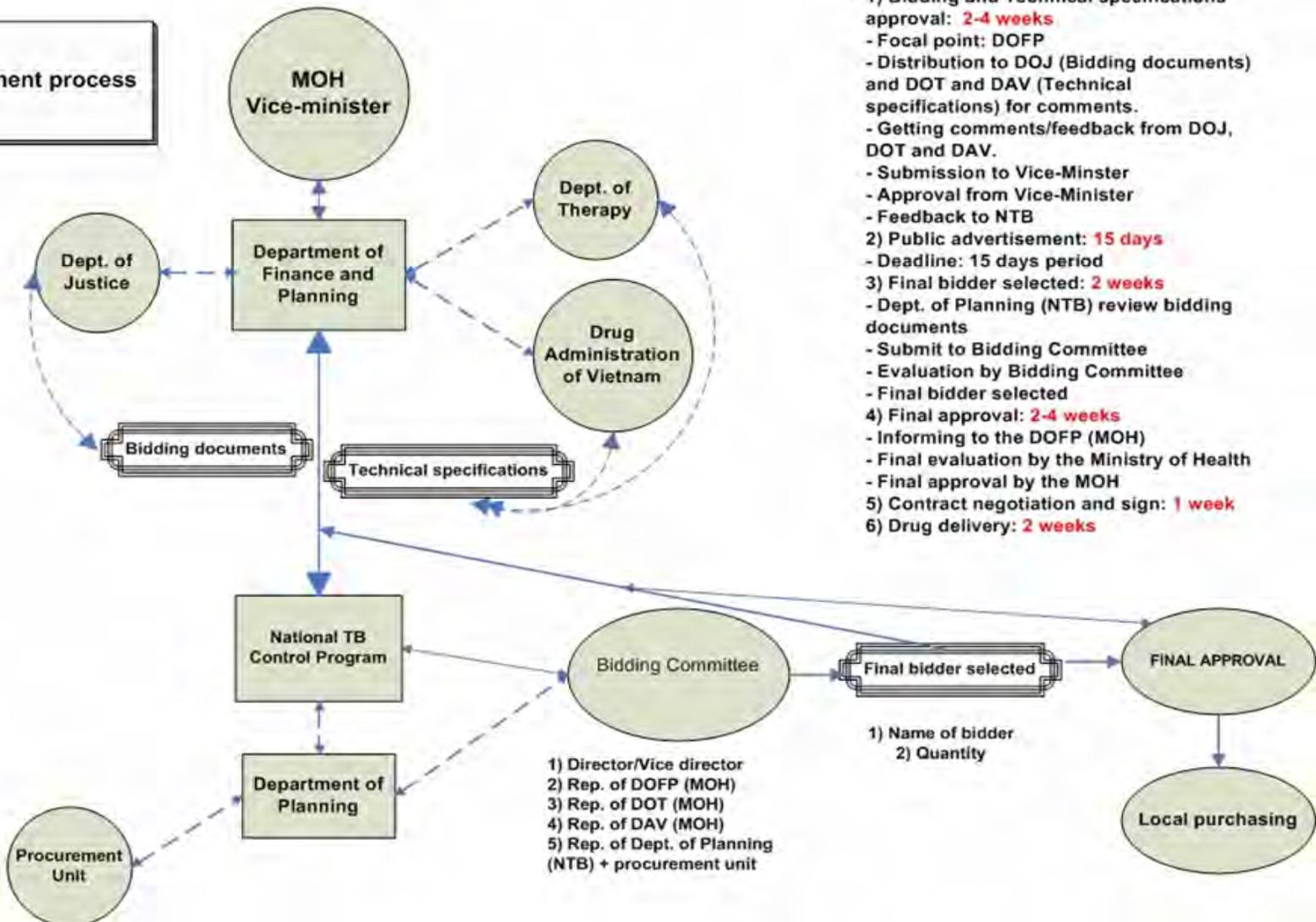
NTP Director:	Prof. Dinh Ngoc Sy
NTP Vice Director:	Dr. Bui Duc Duong
Warehouse Officer:	Ms. Nguyen Thi Quynh Oanh
Distribution Unit Officer:	Ms. Tran Thanh Chau
Supervision Unit Officer:	Ms. Nguyen Ngoc Hong, Ms. Nguyen Bich Ha
Planning Unit Officer:	Ms. Hoang Thanh Thuy
Procurement Unit Officer:	Ms. Dinh Nga
IT Unit Officers:	Ms. Cam Thanh and Ms. Kim Phuong
Planning Department manager	Dr. Han Trung Dien
Global Fund TB program manager	Dr. Dr. (Nguyen Duc Chinh)
NTP Secretary:	Ms. Nguyen Thien Huong

ANNEX 3. NTP PROCUREMENT PROCESS





Local procurement process



TIME TAKEN: 11 - 15 WEEKS

- 1) Bidding and Technical specifications approval: **2-4 weeks**
 - Focal point: DOFP
 - Distribution to DOJ (Bidding documents) and DOT and DAV (Technical specifications) for comments.
 - Getting comments/feedback from DOJ, DOT and DAV.
 - Submission to Vice-Minster
 - Approval from Vice-Minster
 - Feedback to NTB
- 2) Public advertisement: **15 days**
 - Deadline: 15 days period
- 3) Final bidder selected: **2 weeks**
 - Dept. of Planning (NTB) review bidding documents
 - Submit to Bidding Committee
 - Evaluation by Bidding Committee
 - Final bidder selected
- 4) Final approval: **2-4 weeks**
 - Informing to the DOFP (MOH)
 - Final evaluation by the Ministry of Health
 - Final approval by the MOH
- 5) Contract negotiation and sign: **1 week**
- 6) Drug delivery: **2 weeks**

- 1) Director/Vice director
- 2) Rep. of DOFP (MOH)
- 3) Rep. of DOT (MOH)
- 4) Rep. of DAV (MOH)
- 5) Rep. of Dept. of Planning (NTB) + procurement unit

- 1) Name of bidder
- 2) Quantity

