

National Training Course on Drug and Therapeutics Committee and Training of Trainers, Addis Ababa, Ethiopia, August 21 to September 2, 2006: Course Report

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November 2006



MANAGEMENT SCIENCES *for* HEALTH

RPM Plus | *Rational Pharmaceutical
Management Plus*

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Strategic Objective 5

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About RPM Plus

RPM Plus works in more than 20 developing and transitional 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.

Abstract

Drug and Therapeutics Committees (DTCs) serve to improve the management of medicines including evidenced-based selection and rational drug use in hospitals and primary healthcare settings. DTCs also play a role in containing the spread of antimicrobial resistance (AMR). A national training course on DTCs and Training of Trainers was conducted in collaboration with the Drug Authority and Control Administration of Ethiopia and the MSH/RPM Plus program in Ethiopia with the goal of strengthening capacity of healthcare professionals to manage a comprehensive DTC. The SO5 core-funded AMR portfolio of RPM Plus was requested to help organize and facilitate the 2 week training course. Forty-one participants representing public health hospitals and regional health bureaus attended the training course. This report describes in detail the activities that took place before and during the training course and provides information on post-course follow-up plans and activities.

Recommended Citation

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ACRONYMS

AMR	Antimicrobial Resistance
DACA	Drug Authority and Control Administration
DTC	Drug and Therapeutics Committee
DUE	Drug Use Evaluation
ICIUM	Conference on Improving Use of Medicines
INRUD	International Network for Rational Use of Drugs
MOH	Ministry of Health
MSH	Management Sciences for Health
RFCC	Request for Country Clearance
RPM Plus	Rational Pharmaceutical Management Plus [MSH]
RTRC	Regional Technical Resources Collaboration
STG	Standard Treatment Guideline
TOT	Training of Trainers
USAID	U.S. Agency for International Development
WHO	World Health Organization

BACKGROUND

Infectious diseases continue to present a serious threat to countries worldwide where scarcity of resources is complicated by lack of medicine availability and inappropriate use of the medicines that are available. The situation is compounded by the steadily growing problem of antimicrobial resistance (AMR). Inappropriate prescribing and use of antimicrobials are major contributors to the development of AMR. The U.S. Agency for International Development (USAID)-supported Rational Pharmaceutical Management (RPM) Plus Program of Management Sciences for Health (MSH) has been working in developing countries worldwide to introduce Drug and Therapeutics Committees (DTCs) as a method of managing the selection of appropriate medicines and improving use of medicines, including antimicrobials. These committees will serve as a means to improve medicine management by improving formulary management, identification of medicine use problems, and implementing strategies to improve medicine use.

DTCs are considered a key intervention in the World Health Organization's (WHO) 2001 "Global Strategy to Contain Antimicrobial Resistance" In 2004, the Second International Conference on Improving Use of Medicines (ICIUM) recommended that DTCs be established at all levels in institutional settings to help improve use of medicines and contain costs. There is a need in developing countries to establish more DTCs with qualified health care staff, improve the effectiveness of existing committees, and build capacity to present high-quality DTC training programs. RPM Plus has recently developed a Training of Trainers (TOT) Course to complement the existing DTC course. The purpose of this additional initiative is to build in-country and regional capacities to organize and present DTC training programs and provide follow-up technical assistance. The TOT focuses on key training-related aspects to enhance participants' skills as DTC trainers. This activity is expected to contribute to the U.S. Agency for International Development (USAID)/RPM Plus efforts toward strengthening the concept of Regional Technical Resources Collaboration (RTRC).

In February 2006, Dr. Mohan Joshi and Dr. Maria Miralles worked with local stakeholders to initiate country level antimicrobial resistance advocacy and containment efforts.¹ Among several initiatives that were planned for Ethiopia, the need for establishing DTCs was expressed by the Drug Authority and Control Administration (DACA) of Ethiopia. DACA's letter of request can be seen in Annex 1. RPM Plus responded to the request by developing an effective partnership with DACA in May 2006 for planning and development of the training course.

Purpose of Trip

Terry Green, Niranjana Konduri, and David Ofori-Adjei traveled to Addis Ababa to help coordinate and facilitate the National Course on Drug and Therapeutics Committees and Training of Trainers, August 21 to Sept 2, 2006.

¹ Joshi, M., and M. Miralles. 2006. *Antimicrobial Resistance Advocacy and Containment in Ethiopia: Report of Initial Activities in February–March 2006*. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

Scope of Work

Scope of Work for Terry Green

- International facilitator for DTC & TOT sessions in the training course
- Review preparations and logistics before the training course
- Assist the organizers in technical aspects of the training course and planning for the hospital field visit
- Develop follow-up strategies for organizers and workplans to assist participants in implementation of DTCs in their facilities
- Organize and plan local interviews with VOA reporters on Ethiopia Antimicrobial Resistance issues.
- Brief and debrief USAID if requested

Scope of work for Niranjan Konduri

- International facilitator for DTC & TOT sessions in the training course
- Review preparations and logistics before the training course
- Assist the organizers in technical aspects of the training course
- Assist in organizing and participating in the hospital field visit and help participants collect, compile, analyze and present their data
- Develop follow-up strategies for organizers and workplans to assist participants in implementation of DTCs in their facilities

Scope of Work for David Ofori-Adjei

- International facilitator for DTC & TOT sessions in the training course
- Review preparations and logistics before the training course
- Assist the organizers in technical aspects of the training course and planning for the hospital field visit
- Develop follow-up strategies for organizers and workplans to assist participants in implementation of DTCs in their facilities

The Request for Country Clearance (RFCC) detailing the scope of work, anticipated contacts, travel and lodging logistics, and funding source can be found in Annex 2. One of the facilitators listed in the RFCC, Sital Shah, was unable to attend because of a family emergency.

ACTIVITIES

Course Preparation

The National DTC-TOT training course was organized by Drug Authority and Control Administration of Ethiopia (DACA), RPM Plus Ethiopia and RPM Plus Washington with the support of USAID. Guidelines were provided to DACA through a DTC-TOT preparation checklist as well as numerous e-mails and telephone calls.

RPM Plus made efforts to gather as much information as possible from participants prior to the training course in order to customize the training sessions to their settings. This was done in the form of sending nominee application forms and DTC questionnaire to each participant. DACA sent these documents to each selected hospital along with an official letter asking each hospital director to nominate two of their health staff for the training course. The nominee application form can be seen in Annex 3 and the DTC questionnaire can be seen in Annex 4.

Each nominated participant sent their completed application form describing issues and constraints of their DTCs if they had one or not. They were also asked to write down their plans for DTC and training implementation on their forms. Such information was compiled and tabulated prior to the course and a summary can be seen in Annex 5.

The DTC questionnaire was completed by each participating hospital providing responses to the following items: 1) major functions of DTCs 2) topics covered in DTC meetings 3) sources of drug information typically used 4) role of pharmaceutical companies/suppliers in providing information on new drugs 5) major accomplishment and problems of committees and 5) things that you would like accomplished in your committees.

A summary of responses from completed questionnaires received from each hospital can be seen in Annex 6. Of 18 participating hospitals, ten had existing DTCs which needed strengthening and eight hospitals did not have DTCs.

DACA effectively worked with each hospital to gather information and compile them before the course. The summary information from both the application form and the DTC questionnaire was provided to each facilitator at the start of the course in order to better understand the participants and the situation in their hospitals.

Upon arrival in Addis Ababa, Terry Green and Niranjana Konduri reviewed logistical arrangements, course program, schedule, and course materials in collaboration with the DACA and the Secretariat. Subsequently, all technical and logistical activities were carried out collaboratively by the DACA staff and the team from RPM Plus. Activities included a wide range of planning steps such as setting up and arranging of the course hall, table grouping of participants to ensure a good mix of participants, and verifying and updating course materials.

The DACA team that provided administrative and secretarial support for the course was led by Ribka Mekonnen and Mengistu Tadesse. Mr. Tadesse also managed the evaluations throughout

the course and assisted the participants in providing recaps for major DTC training sessions. They were supported by 5-7 other staff that provided clerical help and transportation.

Course Participants

A total of 40 participants from Ethiopia and 1 participant from Rwanda attended the training. They represented diverse organizations including hospitals, Ministry of Health and Regional Health Bureaus. See Annex 7 for list of participants and contact information.

During the training, the participants were distributed to seven tables in the training hall, each table forming a small group of five to six participants. To ensure a good mix of participants, each group was divided evenly between physicians, pharmacists, administrators and gender. Such efforts to ensure a fair and balanced mix resulted in productive group dynamics and participation.

Materials Distributed

Both the DTC and TOT components of the course are supported by well-developed and extensive sets of teaching-learning materials—participants' guides, trainers' guides, and visual aids. At the start of the DTC training, each participant received a binder of course materials which included individual session handouts and copies of PowerPoint slides used by the facilitators. During the course, facilitators distributed more technical handouts such as journal articles, newsletters, etc. In addition to print versions, each participant received electronic versions of the complete set of DTC and TOT course materials and several other useful resource materials on a CD-ROM. The CD-ROM also contained addresses of participants and facilitators as well as digital photos taken during different sessions and the hospital field study. Additionally, hard copies of relevant WHO publications and the 1997 edition of *Managing Drug Supply* were distributed.

DTC-TOT Training

The DTC training component of the course consisted of 15 sessions with an additional 6 sessions on Ethiopia specific topics. These sessions were facilitated over nine days on various topics pertaining to the roles and functions of DTCs. Two new sessions were introduced during this training course, the role of the DTC in HIV/TB/Malaria and AMR. The DTC component of the course was managed by international facilitators from MSH/RPM Plus, MSH/RPM Plus consultant David Ofori-Adjei, and Abraham Kahsay from DACA. The key features of the DTC course included formulary management, identifying drug use problems, strategies to improve drugs use, training of trainers (TOT), and Ethiopia national drug policies and programs. The TOT component consisted of ten sessions and was held over two days. The TOT component was conducted by MSH/RPM Plus facilitators Terry Green, Niranjana Konduri, and Gabriel Daniel and MSH/RPM Plus consultant David Ofori-Adjei. The detailed program schedule for both the

DTC and TOT components of the course is in Annex 8. The international and local facilitators' contact information can be found in Annex 9.

Terry Green facilitated the following sessions:

- DTC overview
- DTC Issues and Challenges
- Drug costs
- Identifying drug use problems, Part 2,
- Drug Use Evaluations
- Field study
- TOT sessions

Niranjan Konduri facilitated:

- Formulary Management
- Assessing and Managing Drug Safety
- The Role of the DTC in Antimicrobial Resistance
- Getting Started
- Field Study
- TOT Sessions

David Ofori- Adjei facilitated:

- Assessing Drug Efficacy
- Identifying Drug Use problems, Part 1
- Identifying Drug use Problems, Qualitative Methods
- Standard Treatment Guidelines
- Infection Control
- Field Study
- TOT Sessions

Gabriel Daniel facilitated:

- Strategies to Improve Drug Use- Overview
- TOT Sessions

Negussu Mekonnen facilitated:

- The role of the DTC in HIV/TB/Malaria

Abraham Kahsay facilitated:

- Ethiopia National Drug Policy
- Ethiopia DTC Implementation Guidelines
- National ADR Reporting System
- Drug Quality
- Preliminary Results of RDU Indicators Study
- Drug Information Centers

Mengistu Tadessee facilitated:

- Session Evaluations and Recaps
- Field Study

Getting Started

During the DTC course, many participants expressed workplace related obstacles in establishing and maintaining DTCs and related activities. It is important to describe the outcomes on the session on Getting Started because many developing countries face similar situations.

Participant groups brainstormed together on feasible and practical solutions that can be implemented back in their health facilities. The major obstacles that were discussed were:

- How to create awareness on the objective and importance of DTC?
- How to establish a DTC where none exists?
- Why guidelines are not implemented properly?
- How can we promote team work?
- How to strengthen existing DTC?
- How to deal with lack of commitment and motivation?
- How to address work overload in health facilities?

A summary of each obstacle along with proposed solutions can be found in Annex 10.

Hospital Field Study

The Hospital Field Study is an important activity in the DTC course as it provides an opportunity to the participant to apply the concepts and use the exercises learned during the first seven days of the course. The field study sites were five government hospitals in or near Addis Ababa. Participants were asked to collect data on hospital DTC activities, obtain general consumption and price data for selected medicine classes, and review the use of medications at the hospital. An instruction sheet was prepared to guide the field study for each group and can be found in Annex 11.

At each hospital, information on the structure, functions, and accomplishments of the hospital DTCs was collected through an interview with either the chief pharmacist or the DTC chairperson. During this interview, consumption data was obtained for antihypertensives, nonsteroidal anti-inflammatory drugs, and third-generation cephalosporins. Two drug use evaluations (DUE) that were developed during the course were conducted in four of the five hospitals. One DUE was on the pattern of antibiotic prophylaxis for caesarean section and the other was on the pattern of use of ciprofloxacin among inpatients. Additionally, 20 prescriptions were reviewed at the hospital dispensary to analyze the outpatient prescribing patterns using WHO/International Network for Rational Use of Drugs (INRUD) drug use indicators. Also, an exit interview developed during the course was conducted outside of each pharmacy to determine a patient's knowledge concerning their prescribed medications. After the data were collected, the participants reassembled in the afternoon to aggregate and analyze their data and

then prepare a presentation to share their findings. The next morning the five groups presented their findings in plenary, each followed by a question and answer period and discussion.

Workplan Development

One training course goal was to help participants develop and implement programs to establish DTCs where absent or improve those existing in their respective health care facilities/institutions. A monitoring and follow-up component in the form of a workplan has been built into this training course. This is intended to help track the progress that participants accomplish and provide technical assistance along the way. A demonstration of the DTC website (<http://erc.msh.org/dtc>) was provided to describe the technical resources available at the website. The purpose of the website is to serve as an on-line community for participants to share their progress. Examples of participants' workplans from past DTC courses were presented. On the following day, participants developed their workplans for DTC activity implementation and DTC related training activities. An example of a workplan can be seen in Annex 12. All participant workplans will be posted on the DTC website.

Course Evaluations

Participants submitted anonymous written evaluations of each DTC session and an overall evaluation of the DTC course. A Likert scale of 1 to 9 was used in which 1 signified "strongly disagree" and 9 signified "strongly agree." The DTC course sessions received scores ranging from 8.4 to 8.8. At the end of the DTC component of the training course, an evaluation form was distributed to participants asking them to rate and provide recommendations and comments on the DTC course. The overall DTC course evaluation resulted in an average of 8.5 for the entire course. See summary of evaluations and recommendations in Annex 13.

At the end of the TOT session, participants were asked to evaluate the TOT component of the course. The TOT evaluation form consists of four parts and the scoring was based on a Likert scale from 1 (poor) to 5 (excellent). Part I measured educational aspects of the TOT course while part II measured course content aspects of the TOT component. Part III solicited reflective comments from the participants and part IV measured administrative aspects of course. The average of Part I and Part II (educational aspects and course content) yielded a score of 4.3. For Part III, the average score for administrative issues at the course averaged 4.06. Details for the TOT evaluation can be found in Annex 13.

From these scores and comments we can conclude the DTC training course and the TOT were well received by the participants and most believe that they received an excellent learning experience at the two courses.

An important part of the TOT course was a self-assessment exercise. The pre-TOT self-assessment form was completed before participants took the TOT course. A post-TOT self-assessment form was completed at the end of the TOT. Participants could then compare their pre- and post-course responses to identify the skills they had developed as a result of the course

and the areas they wanted to further develop. The self-assessment exercise demonstrated a large number of responses, many of which pointed to participants acquiring new presentation/teaching skills, facilitation expertise, communication skills, and more confidence in preparing and presenting DTC training materials. A summary of the responses and results of the pre and post assessments can be seen in Annex 14.

NEXT STEPS

Immediate Follow-up Activities

DTC training courses are important to increase capacity of DTC members to implement and maintain the activities of a DTC. Training by itself may not be enough to ensure good outcomes after any training. Therefore, it will be necessary to support the participants in their workplans and activities involving the establishment of DTCs and the activities of a DTC. A follow-up support team has been established that includes DACA, RPM Plus Ethiopia and RPM Plus Washington.

The follow-up and support plan for the next year includes the provision of the following activities:

- Technical support, guidance, and advice
- Encouragements to participants
- Review of products they develop
- Encouragement to share experiences between participants and in the assessment of implementation of their workplans

Follow-up support will be provided by regular contacts with participants by telephone calls, e-mails, and by field visits in their hospital setting.

Follow-up team includes the following organizations and people and will be led by Abraham Kahsay:

- DACA - Abraham Kahsay, Mengistu Tadesse, Ribka Mekonnen
- RPM Plus Ethiopia – Negussu Mekonnen, Laike Selassie,
- RPM Plus Washington – Niranjana Konduri and Terry Green

For more details of the follow-up support plan, see Annex 15.

Recommendations

- Provide regular technical assistance to DACA and RPM Plus Ethiopia for their DTC implementation activities and for follow-up with participants.
- Continue follow-up activities including regular e-mail communications, provide technical assistance when necessary, monitor workplan implementation, and document success stories on DTC activities
- Update DTC Web Site with participant workplan, bios, photos, and contact information
- Send draft workplans to participants by the end of October

ANNEX 1. LETTER OF REQUEST FROM DACA FOR DTC TRAINING

CAAZ BOOTH

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THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
የኢትዮጵያ የመድኃኒት አስተዳደርና ቁጥጥር ባለሥልጣን
DRUG ADMINISTRATION AND CONTROL AUTHORITY OF ETHIOPIA

ቁጥር 02/118.1/52
Ref. No.

ቀን 15 MAR 2006
Date

Fax

Dr. Mohan P. Joshi
Project Manager for Antimicrobial Resistance
Center for Pharmaceutical Management
Management Sciences for Health (MSH)

Fax : (703) 524-7998 USA

Subject: National Training - workshop for DTC Members and supervisors.

As you are well aware that the Drug Administration and Control Authority of Ethiopia (DACA), is a government agency mandated to implement the National Drug Policy and the Drug Administration & Control Proclamation.

Accordingly, in the past few years, we have been engaged in laying the foundation for the promotion of rational drug use in health facilities through the introduction of various tools, including standard treatment guidelines, formularies and categorized lists.

In connection to this attempts have also been made to develop & implement guidelines on the Establishment of Drug & therapeutics Committees in Health facilities. As a result few DTCs have been formed and encouraging results have been registered.

This experience is considered as a stepping stone for a larger project to establish more DTCs in most hospitals in all regions.



Haileselassie Bihon
General Director

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IN REPLY REFER TO OUR Ref. No.

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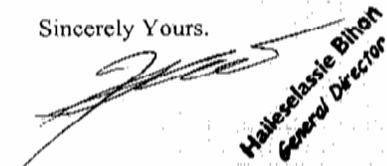
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Therefore, being well informed of your rich experience in the field and keen interest to collaborate with us, we are hereby kindly requesting your esteemed office to extend its support in organizing a series of National Training workshops for DTC members & supervisors as well as provide material support (details to be submitted in the course) to the committees.

Sincerely Yours,


Haileselassie Bihon
General Director



C.C. :

- ⇒ Rational Pharmaceuticals Management plus (RPM+) Ethiopia
Management Science for Health (MSH)
Addis Ababa
- ⇒ Planning and Drug Information E/D Department
DACA

T/k

ANNEX 2: REQUEST FOR COUNTRY CLEARANCE

REQUEST FOR COUNTRY CLEARANCE

TO: Dr. Omer Ahmed, USAID/Ethiopia
Melissa Jones/USAID Ethiopia
Fikru Bekele, USAID/Ethiopia

FROM: Management Sciences for Health (MSH)/Rational Pharmaceutical Management Plus (RPM Plus) Program

SUBJECT: Request for Country Clearance for travel to Ethiopia for: Terry Green and Niranjan Konduri (RPM Plus staff), David Ofori-Adjei and Sital Shah (RPM Plus Consultants)

COPY: Anthony Boni/USAID/GH/HIDN/HS, CTO for RPM Plus
Kama Garrison, Pharmaceutical Management Advisor, USAID/GH/HIDN/HS
Douglas Keene, Director, MSH/RPM Plus
Maria Miralles, Deputy Director, MSH/RPM Plus
Michael Gabra, Regional Technical Coordinator, MSH/RPM Plus
Mohan Joshi, Program Manager for AMR, MSH/RPM Plus
Gabriel Daniel, Senior Program Associate, MSH/RPM Plus
Negussu Mekonnen, Senior Program Associate, MSH/RPM Plus/Ethiopia

1. The RPM Plus Program wishes to request country clearance for proposed travel to Addis Ababa, Ethiopia for: Mr. Terry Green, Senior Program Associate for RPM Plus and Mr. Niranjan Konduri, Program Associate for RPM Plus, and for RPM Plus Consultants Dr. David Afori-Adjei and Sital Shah for the period of August 15 to September 4, 2006.

2. Background:

Infectious diseases continue to present a serious threat to countries worldwide where scarcity of resources is complicated by lack of drug availability and inappropriate use of the available drugs. The situation is compounded by the steadily growing problem of antimicrobial resistance (AMR). Inappropriate prescribing and use of antimicrobials are major contributors to the development of AMR. The Rational Pharmaceutical Management (RPM) Plus Program of Management Sciences for Health (MSH) has been working in developing countries worldwide to introduce Drug and Therapeutics Committees (DTCs) as a method of managing the selection of appropriate drugs and improving use of medicines, including antimicrobials. These committees serve to improve drug selection, prescribing, and use and decrease or contain the spread of antimicrobial resistance (AMR). DTCs are considered a key intervention in the WHO Global Strategy to contain antimicrobial resistance in hospitals.

Ethiopia is currently developing country-level strategies to support advocacy and containment of AMR. Within this context, the Drug Administration and Control Authority (DACA) of Ethiopia requested RPM Plus to assist in organizing a national training course on Drug and Therapeutics Committees and Training of Trainers as an intervention to strengthen pharmaceutical management and overall AMR containment process in the country. The course will be held from August 21 to September 2, 2006 and is being co-organized by DACA and RPM Plus with support from the President's Emergency Plan for AIDS Relief and the U.S. Agency for International Development. There will be an active technical assistance follow-up after the course.

3. Purpose:

The purpose of the visit for Terry Green, Niranjan Konduri, David Ofori-Adjei and Sital Shah is to assist in the technical and facilitation aspects of the Drug and Therapeutics Committees and Training of Trainers course to take place in Addis Ababa from August 21 to September 2, 2006.

4. Scope of Work:

Scope of work for Terry Green

- International facilitator for DTC & TOT sessions in the training course
- Review preparations and logistics before the training course
- Assist the organizers in technical aspects of the training course and planning for the hospital field visit
- Develop follow-up strategies for organizers and workplans to assist participants in implementation of DTCs in their facilities
- Organize and plan local interviews with VOA reporters on Ethiopia Antimicrobial Resistance issues.
- Brief and debrief USAID if requested

Scope of work for Niranjan Konduri

- International facilitator for DTC & TOT sessions in the training course
- Review preparations and logistics before the training course
- Assist the organizers in technical aspects of the training course
- Assist in organizing and participating in the hospital field visit and help participants collect, compile, analyze and present their data
- Develop follow-up strategies for organizers and workplans to assist participants in implementation of DTCs in their facilities

Scope of Work for David Ofori-Adjei

- International facilitator for DTC & TOT sessions in the training course
- Review preparations and logistics before the training course
- Assist the organizers in technical aspects of the training course and planning for the hospital field visit
- Develop follow-up strategies for organizers and workplans to assist participants in implementation of DTCs in their facilities

Scope of Work for Sital Shah

- International facilitator for DTC & TOT sessions in the training course
- Review preparations and logistics before the training course
- Assist the organizers in technical aspects of the training course and planning for the hospital field visit
- Share experiences and results of recent DTC implementation efforts in Kenya

5. Anticipated Contacts:

- DACA and MOH officials
- USAID Ethiopia
- RPM Plus/Ethiopia technical staff;

6. Logistics:

Terry Green will be arriving in Addis Ababa, Ethiopia on/about August 17 and will depart on/about around September 5. Niranjana Konduri will be arriving in Addis Ababa, Ethiopia on/about August 16 and will depart on/about around September 4. David Ofori-Adjei will arrive on/about August 20 and depart on/about September 2, and Sital Shah will arrive on August 22 and depart on August 26. While in Addis Ababa, all will be staying at the Hilton Hotel. No further Mission assistance is requested.

7. Funding:

Expenses for Mr. Green, Mr. Konduri, Dr. Ofori-Adjei, and Ms. Shah will be paid for with RPM Plus SO5 AMR funds.

8. Action:

Please inform the RPM Plus Program whether country clearance is granted for the activity to take place as proposed. Please reply via e-mail to the attention of Anthony Boni, [USAID/GH/HIDN/HS](mailto:aboni@usaid.gov), e-mail address: aboni@usaid.gov and Kama Garrison at kgarrison@usaid.gov, tel (202) 712-4789, fax (202) 216-3702. Please send carbon copies to, Douglas Keene at dkeene@msh.org, Maria Miralles at mmiralles@msh.org, Mohan Joshi at mjoshi@msh.org, Michael Gabra at mgabra@msh.org, Gabriel Daniel at gdaniel@msh.org and Lindsay Gibbs at lgibbs@msh.org.

ANNEX 3. NOMINEE APPLICATION FORM

**Ethiopia Training Course on
Drug & Therapeutics Committees and Training of Trainers
Addis Ababa, August 21 to September 2, 2006**

Organized by Drug Administration & Control Authority (DACA) of Ethiopia and the Rational
Pharmaceutical Management Plus (RPM Plus) Program of Management Sciences for Health
(MSH)

(Attach additional sheets as necessary)

Title: _____ Surname: _____ First Name: _____

Degree: _____ Organization: _____ Position: _____

Mailing Address: _____

City: _____ Postal Code: _____ Telephone: _____

_____ Fax: _____
E-mail: _____

*Is your health facility involved in promoting rational use of medicines? **If yes**, what aspects of rational use of medicines are currently being addressed? **If no**, what are the constraints and how would you like to reduce them?*

How much do you think this training course will help you in implementing/promoting the rational use of medicines through the activities of a Drug and Therapeutics Committee in your facility?

Please list your plans to implement/promote the rational use of medicines through a Drug and Therapeutics Committee upon your return home?

How do you plan to conduct/promote DTC-related training of other health professionals upon your return home?

Nominee's Signature:

Date:

Supervisor/Director's Signature:

Date:

ANNEX 4. DTC QUESTIONNAIRE

Name _____

Town/city _____

Name of work site _____

Region _____

Please completely fill out the questionnaire below. If your healthcare facility does not have a DTC, please indicate whether the activity mentioned in the question is done by another organization within your healthcare facility.

DTC Question	Answer (Comments)
<p>Does your hospital have a DTC?</p> <p>If yes, how many years has the DTC been established?</p>	<p>Yes _____</p> <p>No _____</p> <p># of Years _____</p>
<p>Does your DTC have a subcommittee on antimicrobials</p>	<p>Yes _____</p> <p>No _____</p>
<p>Does your hospital have an infection control committee</p>	<p>Yes _____</p> <p>No _____</p>

DTC Question	Answer (Comments)
What are the major functions of your DTC?	
Does your DTC have guidelines and procedures that regulate the functions of the DTC?	Yes _____ No _____
What professional staff members are represented on the committee?	
How many members typically attend DTC meetings?	
Who serves as the DTC Chairperson? Who serves as the secretary?	
How often does the DTC meet?	

DTC Question	Answer (Comments)
<p>What topics are covered in the regular meetings of the DTC?</p>	
<p>Do you maintain minutes of the DTC Meeting?</p>	<p>Yes _____ No _____</p>
<p>Does your hospital have a drug formulary?</p>	<p>Yes _____ No _____</p>
<p>Does your committee routinely evaluate new requests for the formulary or essential drugs lists?</p>	<p>Yes _____ No _____</p>
<p>Does your committee regularly review the formulary for availability of the most effective, safe, and cost-effective drugs?</p>	<p>Yes _____ No _____</p>
<p>Is there a Drug Information Center in your hospital?</p> <p>If no, does your hospital have plans to institute one?</p>	<p>Yes _____ No _____</p>

DTC Question	Answer (Comments)
What sources of drug information are utilized to evaluate drugs for the formulary? (please list each source)	
Does your DTC have an internet connection for drug information searches?	Yes _____ No _____
Who provided the drug information sources for your hospital and when did this occur?	
What is the role of pharmaceutical companies or suppliers in providing information on new drugs and promoting drugs in your institution?	
Does your DTC have established policy for evaluating adverse drug reactions?	Yes _____ No _____
Does the DTC have established policies to assure product quality?	Yes _____ No _____

DTC Question	Answer (Comments)
Does the DTC participate in evaluating drug costs?	Yes ____ No ____
Does the DTC have established methods for periodically evaluating the use of drugs in the hospital? If yes, what methods are used?	Yes ____ No ____
Has the committee detected any problems in the use of drugs? If yes, please describe the problems.	Yes ____ No ____
Does your DTC have programs or strategies to improve drug use problems? What are these strategies?	Yes ____ No ____
Does the DTC participate in preparing technical specifications for procurement of drugs?	Yes ____ No ____

DTC Question	Answer (Comments)
What are some major accomplishments of the committee?	
What are major problems of your committee?	
What would you like to see accomplished with your committee?	

ANNEX 5: PARTICIPANT INFORMATION COMPILED FROM EACH HOSPITAL BEFORE TRAINING COURSE

*This information is a summary of responses provided by participants from each hospital in the nominee application form.
15 of 18 hospitals sent their application forms.*

Hospital	Participants	DTC? Yes/No	DTC - Issues/Constraints/Plans	Plans for Training
Yirgalem Hospital, Yirgalem	Dr. Menbere W/Cherkos Dawit Hankara	No	Plans To have a drug formulary and to establish DTC	In collaboration with DACA, MSH, and other NGO we will organize onsite training for other health professional
Hiwot Fana Hospital, Harar	Dr. Abraham Chala Tilahun Zemedkun	No	Issues/Constraints Difficult to promote rational use of drugs; to tackle this problem it is good to establish DTC; Want to develop formulary and establish ADR policy Use of injectable medications has reduced, but there is polypharmacy and plenty of brand products are prescribed Plans The training may be helpful to reduce wastage, promote good skill to manage and supervise all activities concerning drug management DTC must ensure proper selection of drugs, prepare formulary	In collaboration with regional health bureau, we will arrange an awareness training, at least for two different groups Strengthen DTC, teach or give information for those who are not trained, promote DTC role in drug selection, procurement, distribution and use of drug

Hospital	Participants	DTC? Yes/No	DTC - Issues/Constraints/Plans	Plans for Training
Jimma University Specialized Hospital	Dr. Tsinuel Girma Fikru Worku	No	<p>Plans To establish and activate DTC Want to promote rational use of medicines; Want to establish formulary Performance evaluation</p>	Training on the rational use of drugs; elucidate role of the prescriber, role of the dispenser, role of the patient. Training on the establishment and function of DTC
Dubti Hospital, Dubti	Mohammed Ahmed Momina Yayo	No	<p>Issues/Constraints Professionals do not have sound knowledge about scientific therapy and depend on traditional therapy. Solution for the constraints could be IEC materials and health education to promote and create awareness about scientific treatment</p> <p>Plans Want to develop formulary based on need and disease patterns and discuss about safe and effective treatment. Want to create awareness of DTCs and establish DICs</p>	By cooperating with hospital medical director, create awareness
Mekelle Hospital, Mekelle	Aster Berhan	No	<p>Issues/Constraints No guidelines; no team work between health worker (Prescribers, dispensers and others), they don't have idea about RDU. Solution could be establishing DTC, training health workers</p> <p>Plans Want to establish DTCs, prepare essential drug list for hospitals, establish DICs, train health workers and create awareness</p>	By working with RHB or DACA in facilitating and giving the training to all health professionals

Hospital	Participants	DTC? Yes/No	DTC - Issues/Constraints/Plans	Plans for Training
St. Paul. Hospital, Addis Ababa	Dereje Sileshi Dr. Asmare Asres	No	<p>Issues The DTC could be more influential than a single person in implementing rational use of medicine. Since the committee involves people of different specialty, they can share ideas and will be more active and powerful in implementing the rational use of drugs in our hospital</p> <p>Plans I will try my best to form the DTC in our hospital, adjust plan of action of work and have regular meetings to promote the rational use of medicine.</p> <p>Introduce the activities of DTC to the health care workers and conducting different meetings on what to do and what is to be done, taking into account the prevailing use of medicine in the institution.</p>	<p>By preparing handouts and putting it in a library. By reporting the activities of the DTC to the health care workers once in a while and informing the outcomes obtained through DTCs</p> <p>Conducting a training course in the hospital for higher officials and department heads. Disseminate all information to all members of DTC.</p>
Dil Chora Hospital, Dire Dawa	Dr. Abel Melkamu Gemechu Degaga	No	<p>Plans Establish DTC, Support DTC, and monitor the activities</p>	<p>In collaboration with regional health bureau, we will try to train health professional from different facilities</p>

Hospital	Participants	DTC? Yes/No	DTC - Issues/Constraints/Plans	Plans for Training
Amanuel Mental Specialized Hospital, Addis Ababa	Taddes Teklu Dr. Mohammed Ali	Yes	<p>Issues/Constraints Financial problem, lack of up to date drug information source, lack of interest are the constraints to promote RDU.</p> <p>Plans To evaluate last year's drug consumption and to determine next year's drug needs. To develop guidelines for evaluation, selection, quantification, and procurement of drugs.</p> <p>To review hospitals essential drug list, to develop drug formulary, to review list of drugs of the hospital</p>	<p>To provide refresher course in the hospital to health professionals</p> <p>This training may bring attitude change especially for prescribers.</p>
Feleg Hiwot Hospital, Bahir Dar	Tariku Mohammed Dr. Azene Dessie	Yes	<p>Issues/Experience Our hospital is addressing the problem of over use of antibiotics and injectables</p> <p>Plans The DTC will prepare STG and monitor its implementation, i.e. develop a system to monitor rational use of medicines. The DTC will also design and organize educational program regarding drugs and drug use</p> <p>To prepare list of drugs for the hospital, up to date and reliable drug information will be disseminated to health professionals in the hospitals.</p>	<p>By working jointly with the Regional Health Bureau, and NGO's and conduct DTC training</p>

Hospital	Participants	DTC? Yes/No	DTC - Issues/Constraints/Plans	Plans for Training
Army Hospital, Addis Ababa	Roman Mekonnen Dr. Fikru Melka	Yes	<p>Experience Promote use of cost effective and safe drugs. Prevention of antimicrobial resistance</p> <p>Plans Periodic revision of the previous drug list. Strengthen the DIC provide drug information to health professionals. Establish subcommittee for evaluation of antimicrobial resistance</p>	In collaboration with DACA and hospital management to conduct training
Gondar University Hospital, Gondar	Dr. Yohannes Tilahun Elias Geremew	Yes	<p>Issues/Constraints Though irregular DTC meeting is the constraint to promote RDU, the hospital has limited the use of antibiotics and costly drugs (needing specialists to prescribe)</p> <p>Plans Strengthen the DTC. Develop plan of action, conduct regular meeting, prepare agenda, take minutes, Implement decisions on selection, quantification and development of formulary</p> <p>Outpatients are being educated about medicines</p> <p>To have regular DTC meetings, Design DTC action plan and monitor as per planned, Development of essential drug list for each dept.</p>	<p>Organize seminars and educational workshops, prepare awareness creation programs for department heads, Prepare written materials and distribute.</p> <p>Provide orientation to staff. Arrange training for selected hospitals</p>

Hospital	Participants	DTC? Yes/No	DTC - Issues/Constraints/Plans	Plans for Training
Police Hospital, Addis Ababa	Kebebew Belay Dr. Yilma Bogale	Yes	<p>Experience in DTCs Prepared hospital drug list -based on national drug list and morbidity data. Limit number of drugs per prescription with specifications of who should prescribe what drug.</p> <p>Established DTC and DIC and had regular meetings in the past</p> <p>Plans Strengthen the already existing DTC. Try to discuss with the chairperson, secretary and members how to go ahead</p> <p>Design various approaches via which the DIC operates to the maximum. Adopting various other new/existing approaches through which the DTC implement rational use of drugs</p>	<p>I believe other members of the committee should also have DTC related trainings (at least highlights).</p> <p>Disseminating the information we gathered during our stay to fellow DTC members and prescribers/dispensers. If the need arises, a brief sensitization session can be organized in our hospital.</p>
Adama Hospital, Adama	Alemayehu Daba Dr. Kebede Amena	No	<p>Plans Want to establish a functional DTC</p>	<p>Alemayehu will organize a training on DTC and link with supporting bodies</p>

Hospital	Participants	DTC? Yes/No	DTC - Issues/Constraints/Plans	Plans for Training
Yekatit 12 Hospital, Addis Ababa	Tigist Sharew Dr. Tassew Tadesse	Yes (new DTC)	<p>Issues: Lack of adequate knowledge or training on RDU, negligence to use drugs rationally, appropriate and regular training may reduce the problem</p> <p>Promotion of rational drug use is being addressed at the dispensary area</p> <p>The training will help us to prepare guidelines for the evaluation, selection, quantification and procurement of drugs in the facility. The training helps to develop a system of monitoring rational use of drugs</p> <p>Prepare guidelines on how to use drugs rationally, prepare list of drugs which should be available depending on morbidity pattern of the hospital. Develop a system of monitoring on rational use of drugs, monitor the occurrence of adverse reaction and report them</p> <p>Promote rational dispensing by proper labeling, giving information to the patient and educating the patient.</p> <p>Discuss RDU with prescribers to solve drug use problems</p>	<p>Health professional training three times per year</p> <p>To give training regarding DTC duties and responsibilities, to strengthen the existing(not functional) DTC</p>

National Training Course on Drug and Therapeutics Committee and Training of Trainers, Addis Ababa, Ethiopia, August 21 to September 2, 2006: Course Report

Hospital	Participants	DTC? Yes/No	DTC - Issues/Constraints/Plans	Plans for Training
Menilik II Hospital, Addis Ababa	Dr. Kassahun Adem Saladin Seid	Yes	<p>Issues/Constraints No, drugs are not prescribed properly by respective professionals. Even nurses are prescribing all antibiotics, e.g. general practitioner can prescribe Omeprazole. To improve these we will try to educate health professionals how to promote rational use of drugs and rules and regulations</p> <p>Plans Work with procurement to make rational selection of drugs based on need</p>	I will teach rational use of drugs, drug-drug interaction, ADR, rational use of antibiotics.

ANNEX 6: DTC QUESTIONNAIRE – SUMMARY OF RESPONSES

This is a summary of responses received from all 18 participating hospitals

Number of hospitals with DTCs	10
Number of hospitals with subcommittee on antimicrobials	0
Number of hospitals with infection control committee	10
Number of hospitals with guidelines/procedures that regulate functions of DTC	8
Professional staff member representation	6
Average number of members typically attending DTC meetings	8
Number of hospitals which maintain minutes of DTC meetings	6
Number of hospitals with own drug formulary	2
Number of hospitals which evaluates new requests for the formulary	3
Number of hospitals which regularly review their formulary	2
Number of hospitals with a drug information center	4
Number of hospitals with internet connection that is being used for drug information searches	4
Number of hospitals with a policy for evaluating adverse drug reactions	2
Number of hospitals with a policy to assure product quality	0
Number of hospitals with established methods that are used for evaluating the use of drugs	3
Number of hospitals that have detected problems in use of drugs	1
Number of hospitals that have implemented strategies to improve drug use	4
Number of hospitals that have technical specifications for procurement of drugs	5

Major functions of DTC

- Prepare technical specification for procurement of drugs and evaluate drug cost, safety and quality of the product
- Develop guideline for evaluation, selection and procurement of drugs
- Recommend drugs that should be included in the hospital drug list
- Periodical update of drug list (2)
- Periodical revision of budget for drugs
- Preparing hospital formulary
- Preventing unnecessary procurement of drugs
- Guarantee substantial drug supply
- Give recommendations concerning drugs to be stocked in the facility
- Prepare emergency drug list
- Selection of drugs
- Drug selection, quantification and procurement (2)
- Selection and quantification of medical equipment
- Disposal of expired drugs
- Improve the current drug supply management system

- Facilitating the Drug Information Center
- Update health professional on drugs through Drug Information Center
- Advising medical and administrative staffs in the use of drugs
- Adopt standard treatment guideline and list of drugs

- Promote rational drug use
- Monitor rational use of drugs
- Promote RDU
- Promoting RDU in the hospital and the peripheral/satellite clinics as well
- Detect any problems in the rational use of drugs and solve the problems
- Develop system for monitoring rational drug use

- Establish policy for evaluating ADR
- Monitor the occurrence of ADR (2)
- ADR evaluation
- Facilitate the management of medication errors
- Advisory and educational

Topics covered in DTC meetings

- Drug procurement and management of drug in the hospital
- Correct prescription writing
- Regulating prescription pattern
- Disposing expired drugs and medical supplies
- Improving availability of essential drugs
- Strengthening DTC and its activity
- Consistency of drug supply

- Reviewing needs of medical instrument from each department
- Formulary updating (the hospital used to have one)
- Mainly rational prescribing, dispensing and patient use of drugs
- Drug consumption, selection, quantification,
- Development of emergency drug list, standard treatment guideline
- Revision of own drug list

Sources of Drug Information typically used

- Text Books (Guidelines), National drug list, formulary for narcotic and psychotropic drugs in Ethiopia
- Text books, CDs
- Formulary, text books which are donated by DACA
- Pharmaceutical -publications, Internet, CDS
- Text books, internet
- Internet aided drug information
- National drug formulary
- Various books(e.g. Remington).CD ROMs and WHO sources
- BNF, USP

Source of drug information (who provided drug information)

- DACA (8)
- Leaflets
- Private importers
- Tigray regional health bureau

Role of pharmaceutical companies/suppliers in providing information on new drugs

- Occasionally they give us drug and medical supplies list
- Not well organized, some promoters care about their benefit. They usually neglect to provide information on drug's side effect
- Occasionally, sales personnel from drug agencies provide information on new products
- Representatives come in the hospital for the purpose of promoting their product and with this they provide some information on new drug
- Their role is not significant. Only few companies provide information. Sometimes drug information pertaining conventional new preparations are provided
- They provide full information through leaflet/pamphlets

Major accomplishments of committees

- Establishment of DTC
- Discussions about drug procurement
- Discussions on rational prescribing
- Discussions on drug management (2)
- The committee has prepared the hospital drug list
- DTC able to dispose expired drugs for the last two in collaboration with DACA
- Establishment of drug information center
- Revision of the existing drug list
- Improvement in the sustainability of drug supply
- Planned on drug management
- Implementation of the plan
- Had several meetings
- Purchase of medical equipments
- On the way to complete the hospital's own formulary
- Provision of drug information to health professionals
- Improved prescribing, dispensing and patient use pattern
- Selection and quantification, development of list
- Improve drug availability

Major problems of committees

- Misunderstanding the role of DTC
- Shortage of training
- Unavailability of drug information center
- Most members of the committees couldn't attend DTC meeting
- There is high turnover of professionals (DTC members)
- Member being very busy in their routine and miss DTC meetings
- Poor commitment of DTC members
- DTC members leaving the hospital
- Lack of commitment from hospital administration
- Lack of regular meetings
- Lack of motivation of members
- Irregular DTC meeting because of work load
- Lack of motivation and commitment
- Work overload
- The committee has been established once but no one attends the meeting because of time constraint and shortage of man power
- Lack of training
- They give emphasis to DTC
- They did not consider DTC role and function as key part of the hospital service
- High turnover of staff

Things that you would like accomplished in your committee

- Routinely evaluate new requests for the formulary or essential drug list
- Regularly review the formulary for availability of the most effective, safe affordable drugs
- Prepare technical specification for procurement of drugs
- Develop guidelines for the selection, quantification and procurement of drugs
- Proper selection, quantification, procurement, storage and distribution (2)
- Improvement in procurement
- To develop drug formulary
- Formulary development and review
- Periodical update of drug list (2)
- Essential drug list review
- Emergency drug list review
- Prepare own list of drug
- Periodical revision of budget for drugs
- Strictly follow drug cost/budget
- Guarantee substantial drug supply
- Implementation of favorable drug supply management system
- To evaluate last year's drug consumption and determine next year's drug demand

- To establish drug information unit (2)
- Update health professionals on drug information through drug information center

- Establish policy for evaluating ADR, assure product quality
- Monitor the occurrence of ADR
- Work on ADR
- Frequently assess ADRs

- Strong DTC
- Strengthening of the DTC itself
- Conduct regular meetings
- The DTC of our hospital being the model for the rest!!
- Regular DTC meetings
- Strengthen the activities of the committee

- Participate in evaluating drug cost
- Prepare annual plan of action and budget

- Detect any problems in the use of drugs and solve the problems
- Design and prepare educational programs regarding drugs and drug use

- Promote rational use of drugs (2)
- Coordinate studies on problems related to rational use of drugs
- Train health professionals on RDU

- Evaluate RDU
- Evaluation of RDU by patient in out patient department and inpatient department
- Follow up and evaluation of guidelines and procedures
- Baseline assessment on drug use pattern

- Improve role of pharmacists to be clinical pharmacologists to let them help some aspects of patient treatment
- Improved prescribing, dispensing and patient use of drugs with all possible means (research guided approaches is preferred)
- To develop standard treatment guideline

ANNEX 7. COURSE PARTICIPANTS

Adama Hospital, Adama

Name: Alemayehu Daba
Email: alex_daba2003@yahoo.com
Telephone: 251-0911-889339
Professional Background: Pharmacist, Pharmacy Head
Work Experience: 1 year Teaching Experience; 1 Year as Hospital Pharmacist

Name: Dr. Kebede Amena
Email: yshalyn@crc.gov.my
Professional Background: Obstetrics/Gynecologist, Medical Director
Work Experience: 17 years

Amanuel Mental Specialized Hospital, Addis Ababa

Name: Taddesse Teklu
Email:
Telephone: 251-0112757724
Professional Background: Pharmacist, Pharmacy Head
Work Experience: 12 years

Name: Dr. Mohammed Ali
Email: mohammed hyda3333@yahoo.com
Telephone: 251-0112757724
Professional Background: Consultant Psychiatrist
Work Experience: 14 years for PSY; 7 years MD

Arbaminch Hospital, Arbaminch

Name: Habteyes Chbaru
Email: habteyes2006@yahoo.com
Telephone:
Professional Background: Druggist, Vice Head Pharmacy
Work Experience: 2 years

Name: Dr. Teklu W/Gebreal
Email: tekluw2004@yahoo.com

Telephone:

Professional Background: Medical Doctor

Work Experience: GP x 2 years

Army Hospital, Addis Ababa

Name: Roman Mekonnen

Email:

Telephone: 251-0911-878197

Professional Background: Pharmacist, Pharmacy head

Work Experience: 15 years

Name: Dr. Fikru Melka

Email: fikrumelka@yahoo.com

Telephone: 251-0911-409006

Professional Background: Medical Doctor, Ophthalmologist (MD)

Work Experience: 15 years

Tikur Anbessa Specialized Referral Hospital, Addis Ababa

Name: Dr. Abdurazak Ahmed

Email: alfaruqe2006@yahoo.com

Telephone: 251-0911-185005

Professional Background: Medical Doctor, Head of Outpatient Dept.

Work Experience: 3 years

Name: Dinkineh Bikila

Email: wdinka2004@yahoo.com

Telephone: 251-0911-185002

Professional Background: Pharmacist, Pharmacy Head

Work Experience: 2 years

Dil Chora Hospital, Dire Dawa

Name: Dr. Abel Melkamu

Email: abelmel_1@yahoo.com

Telephone: 251-0915752369

Professional Background: Medical Doctor, Medical director of the hospital

Work Experience: 2 years

Name: Gemechu Degaga
Email: gdd-1998@yahoo.com
Telephone: 251-025-1127261
Professional Background: Druggist, Pharmacy Head
Work Experience: 2 years

Duibti Hospital, Duibti

Name: Mohammed Ahmed
Email: dmamed@yahoo.com
Telephone: 251-0335560396/0911219943
Professional Background: Nurse, Medical Director
Work Experience: 7 years

Name: Momina Yayo
Email:
Telephone:
Professional Background: Druggist
Work Experience: 3 years

Feleg Hiwot Hospital, Bahir Dar

Name: Tariku Mahammed
Email: tarikumoh@yahoo.com
Telephone: 251-918-769004
Professional Background: Pharmacist, Pharmacy head
Work Experience: 2 years

Name: Dr. Azene Dessie
Email: admengistu2000@yahoo.com
Telephone: 251-918-763686
Professional Background: Medical Doctor, Medical Director
Work Experience: 9 years: As a physician in different health centers and hospitals

Gondar University Hospital, Gondar

Name: Dr. Yohannes Tilahun

Email: yohatilahun@fastmail.fm

Telephone: 251-098-776995

Professional Background: Gynecologist, Medical Director

Work Experience: 12 years work experience; 2.5 years as specialist in Gondar University Hospital; 1 year as Medical Director

Name: Elias Geremew

Email: eliasgeremew@yahoo.com

Telephone: 251-0911-836954

Professional Background: Pharmacist, Pharmacy Head

Work Experience: 3 years: Manage procurement, distribution of drugs and supplies. Manage ARVs.

Hiwot Fana Hospital, Harar

Name: Dr. Abraham Chala

Email: abrhamchal@yahoo.com

Telephone: 251-0911037748

Professional Background: Medical Doctor, Medical Director

Work Experience: 5 years Medical director; For the last 5 years GP- Medical Director

Name: Tilahun Zemedkun

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Telephone: 251-0911357820

Professional Background: Druggist, Pharmacy Head

Work Experience: 4 years

Jimma University Specialized Hospital, Jimma

Name: Fikru Worku

Email: fikrez2002@yahoo.com

Telephone: 251-0917802302

Professional Background: Pharmacist, Pharmacy Head

Work Experience: 7 Years (Teaching plus hospital practice)

Name: Dr. Tsinuel Grirma

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Telephone: 251-471-110867

Professional Background: Medical Doctor, Medical Director of the Hospital
Work Experience: 11 years

Mekelle Hospital, Mekelle

Name: Aster Berhan
Email: berhanaster@yahoo.com
Telephone: 251-0911
Professional Background: Pharmacist, Pharmacy Head
Work Experience: 2 years

Menillik II Hospital, Addis Ababa

Name: Dr. Kassahun Adem
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Telephone: 0911-684451
Professional Background: Medical Doctor, Internist
Work Experience: 19 years

Name: Saladin Seid
Email:
Telephone: 251-0911-161163
Professional Background: Druggist, Pharmacy Head
Work Experience: 2 years

Federal Police Referral Hospital, Addis Ababa

Name: Kebebew Belay
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Professional Background: Pharmacist
Work Experience: 8 years

Name: Dr. Yilma Bogale
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Telephone: 011-551-84-70
Professional Background: Medical Doctor, General Practitioner
Work Experience: 11 years

St. Mary Hospital, Axum

Name: Dr. Abdulkadir Mohammedsaid
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Telephone:
Professional Background: Medical Doctor, Pediatrician
Work Experience: 15 years: Medical directors, ZHD (Zonal health department), Head Clinician

Name: Zeru G/Tsadik
Email: zeru.2006@.Yahoo.com
Telephone:
Professional Background: Druggist
Work Experience: 5 years

St. Paul. Specialized Referral Hospital, Addis Ababa

Name: Dereje Sileshi
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Telephone: 251-0911641713
Professional Background: Pharmacist, Procurment
Work Experience: 6 years

Name: Dr. Asmare Asfes
Email: asmish2002@yahoo.com
Telephone: 251-0112750125/25109121897043
Professional Background: Medical doctor, Head of OPD
Work Experience: 16 years

Yekatit 12 Hospital, Addis Ababa

Name: Tigist Sharew
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Telephone: 251-0911733291
Professional Background: Pharmacist, Pharmacy Head
Work Experience: 1 year

Name: Dr. Tassew Tadesse
Email:
Telephone: 251-0911735126/0115542154
Professional Background: Surgeon, Head of Surgical Department
Work Experience: 16 years: 6 years as General Medical Practitioner, 4 years as Resident, 6 years as Surgeon

Yirgalem Hospital, Yirgalem

Name: Dr. Menber W/Cherkos
Email: kunus1972@yahoo.com
Telephone: 0916580428/0462250092
Professional Background: Medical Doctor, Medical Director of the Hospital
Work Experience: 2years

Name: Dawit Hankara
Email: dawith10@yahoo.com
Telephone:
Professional Background: Druggist
Work Experience: 3 years

Tigray Regional Health Bureau

Name: Solomon Geberehiwot
Email: solemtedros@yahoo.com
Telephone: 251-0344416029
Professional Background: B.A, Economist
Work Experience: 18 years

Amhara Regional Health Bureau

Name: Semegnew Mengistu
Email: asemegnew@yahoo.com
Telephone:
Professional Background: Nurse, Nurse Anesthetist H.O, and Chief Public Health Expert (BSc, MPH)
Work Experience: 24 years in different department: Nurse, Anesthetist, Zonal Dept. Head, ANRS BOH Planning & Programming Dept. Head, TB and Leprosy Senior Expert, Drug Procurement, Administration and Control Dept. Head

Oromia Regional Health Bureau

Name: Dr. Abera Refissa
Email: aberare2001@yahoo.com
Telephone:
Professional Background: Medical Doctor and Public Health Specialist (MD, MPH)
Work Experience: 8 years

Federal Ministry of Health

Name: Zenash G/Eyesus

Email: zinug2006@yahoo.com

Telephone:

Professional Background: Pharmacist

Work Experience: One year experience in a private company Labora. International trading pic)
as Assistant technical Director and now in FMDH A.A

MSH/RPM Plus, Rwanda

Name: Antoine Gatera

Email: agatera@msh.org

Telephone: 250-08350065

Professional Background: Pharmacist

Work Experience: 17 years

ANNEX 8. PROGRAM SCHEDULE

**National Training Course on Drug &
Therapeutics Committees and Training of
Trainers**

Addis Ababa, Ethiopia August 21 to September 2, 2006

**Organized by Drug Administration and Control
Authority of Ethiopia and Rational Pharmaceutical
Management Plus (RPM Plus) Program of
Management Sciences for Health (MSH).**

National DTC Training Course PROGRAM SCHEDULE

Date	Time	Topic	Facilitator
August 21 (Monday)	8:30-9:00	Registration and Welcome	Ribka Mekonnen PDID
	9:00-9:15	Key note address	Hailesellaise Bihon DG, DACA Abraham G.Kahsay Head PDID, DACA
	9:15–10:30	Gallery of Experts	Ribka Mekonnen Mengistu Tadessee
	10:30–10:50	Tea/Coffee Break	
	10:50 – 11:15	House Rules, Committee Selection, Announcements	Mengistu Tadessee Ribka Mekonnen
	11:15-12:00	Ethiopia National Drug Policy	Abraham G. Kahsay Head PDID, DACA
	12:00- 1:00	Lunch	
	1:00-2:15	DTC Introduction and Overview	Terry Green Abraham Kahsay
	2:15–3:00	DTC Issues and Challenges	Terry Green
	3:00–3:30	Tea/Coffee Break	
	3:30- 4:00	Ethiopia DTC Implementation Guidelines	Abraham G.Kahsay Head PDID, DACA
	4:00-4:30	Recap and Evaluation	
	6:30- 8:30	Reception/Dinner	
	August 22 (Tuesday)	8:30–10:30	Formulary Management
10:30–10:45		Tea/Coffee Break	
10:45 – 12:30		Assessing Drug Efficacy	David Ofori-Adjei
12:30 –1:30		Lunch	
1:30 –3:30		Assessing Drug Efficacy	David Ofori-Adjei
3:30 –3:45		Tea/Coffee Break	
3:45 –5:00		Assessing and Managing Drug Safety	Niranjan Konduri

Date	Time	Topic	Facilitator
August 23 (Wed)	8:30–9:30	Assessing and Managing Drug Safety (cont) Introduction to National ADR Reporting System	Abraham Kahsey
	9:30- 10:00	Recap and Evaluation	
	10:00– 10:30	Tea/coffee Break	
	10:30 - 12:00	Drug Quality	Niranjan Konduri Abraham Kabsay
	12:00 – 1:00	Lunch	
	1:00 –2:15	Drug Cost	Terry Green
	2:15-3:00	Identifying Drug Use Problems, Part 1	David Ofori-Adjei
	3:00–3:20	Tea/Coffee Break	
	3:20-5:00	Identifying Drug Use Problems, Part 1 (cont)	David Ofori-Adjei
August 24 (Thursday)	8:30–9:30	Preliminary results of the RDU Indicators study in Hospitals	Abraham G.Kabsay
	9:30- 10:00	Recap and Evaluation	
	10:00– 10:20	Tea/Coffee Break	
	10:20– 12:00	Identifying Drug Use Problems, Part 2	Terry Green
	12:00- 1:00	Lunch	
	1:00- 2:00	Identifying Drug Use Problems, Part 2 (cont)	Terry Green
	2:00–3:00	Identifying Drug Use Problems, Qualitative Methods	David Ofori-Adjei
	3:00–3:20	Tea/Coffee Break	
	3:20–5:00	Identifying Drug Use Problems, Qualitative Methods (cont)	David Ofori-Adjei

National Training Course on Drug and Therapeutics Committee and Training of Trainers, Addis Ababa, Ethiopia, August 21 to September 2, 2006: Course Report

Date	Time	Topic	Facilitator
August 25 (Friday)	8:30–9:00	Recap and Evaluation	
	9:00-10:00	Strategies to Improve Drug Use, Overview	Gabriel Daniel
	10:00–10:30	Tea/Coffee Break	
	10:30–11:30	Strategies to Improve Drug Use, Overview (cont)	Gabriel Daniel
	11.30 – 1:30	Lunch	
	1:30 –3:00	Standard Treatment Guidelines	David Ofori-Adjei
	3:00 –3:20	Tea/Coffee Break	
	3:20–5:00	Standard Treatment Guidelines (cont)	David Ofori-Adjei
	5:00-6:00	Antimicrobial Resistance	Niranjan Konduri
August 26 (Sat)	8:30–9:00	Recap and Evaluation	
	9:00-9:30	Drug Information Centers	Abraham Kahsay
	9:30-10:15	Drug Use Evaluation	Terry Green
	10:15-10:30	Tea/Coffee Break	
	10:30-12:00	Drug Use Evaluation (cont)	Terry Green
	12:00-1:00	Lunch	
August 27 (Sunday) OFF			
August 28 (Monday)	8:30-9:00	Recap and Evaluation	
	9:00- 10:00	DTC Role in Managing HIV/TB/Malaria	Negussu Mekonnen, Bekele Tefera
	10:00–10:15	Tea/Coffee Break	
	10:15-12:00	DTC Role in Managing HIV/TB/Malaria (Cont)	Negussu Mekonnen, Bekele Tefera
	12:00–1:00	Lunch	
	1:00–2:30	DTCs - Getting Started	Niranjan Konduri
	2:30- 3:00	Evaluation and Recap	
	3:00–3:20	Tea/Coffee Break	
	3:20 – 5:00	Field Study Orientation and Preparation	Terry Green Ribka Mekonnen
August 29 (Tuesday)	8:00-5:00	Field Study and Hospital Data Analysis	

Date	Time	Topic	Facilitator
August 30 (Wed)	8:30–10:00	Field Study Presentations	Terry Green Niranjan Konduri David Ofori-Adjei
	10:00 –10:20	Tea/Coffee Break	
	10:20–12:00	Field Study Presentations (cont.)	
	12:00–12:15	Field Study Evaluation	
	12:15-1:15	Lunch	
	1:15-2:15	Infection Control	David Ofori-Adjei
	2:15-3:15	DTC Course Evaluation	
	3:15-3:30	Break	
	3:30-4:15	Control Drugs and Psychotropic Drugs	Abraham Kahsay

Training of Trainers Schedule

National DTC Training Course August 21-Sept 2, 2006

Date	Time	Topic	Facilitator
August 31 (Thursday)	8:30-8:45	Introduction to TOT	Terry Green
	8:45- 9:00	Self-Assessment of Competency as a Trainer/Facilitator	Mengistu Tadessee
	9:00- 9:30	Preferred Learning Styles	Terry Green
	9:30-10:00	Positive and Negative Learning Experiences	Niranjan Konduri
	10:00-10:30	How Adults Learn	David Ofori-Adjei
	10:30 – 10:45	Tea/Coffee Break	
	10:45 – 11:15	Roles of the Teacher	Gabriel Daniel
	11:15-11:45	Communication Skills	Gabriel Daniel

	11:45 – 12:30	Teaching and Learning Methods	Terry Green
	12:30– 1:30	Lunch	
	1:30–2:00	Teaching and Learning Methods: Illustrative Exercises (Case Study)	Terry Green
	2:00- 2:30	Teaching and Learning Methods: Illustrative Exercises (Role Play)	Niranjan Konduri
	2:30 – 3:00	Teaching and Learning Methods: Illustrative Exercises (Demonstration)	Niranjan Konduri
	3:00–3:15	Tea/Coffee Break	
	3:15-4:00	Setting Objectives	David Ofori-Adjei
	4:00–5:00	Setting Objectives (Exercise)	David Ofori-Adjei

Date	Time	Topic	Facilitator
Sept 1 (Friday)	8:30–9:00	Presentation Techniques	Niranjan Konduri
	9:00 - 9:15	Briefing on How to Prepare Presentation/Facilitation Exercise	Niranjan Konduri
	9:15–10:15	Preparation for Presentation/Facilitation Exercise	Terry Green
	10:15–10:30	Tea/Coffee Break	
	10:30–11:30	Preparation for Presentation/Facilitation Exercise (cont.)	Terry Green
	11:30–1:30	Lunch	
	1:30–3:45	Presentation/Facilitation Exercise	David Ofori-Adjei
	3:45 –4:00	Tea/Coffee Break	
	4:00–5:00	Presentation/Facilitation Exercise (cont.)	David Ofori-Adjei

Date	Time	Topic	Facilitator
Sept 2 (Saturday)	8:30-8:45	Post –TOT Self-Assessment	Mengistu Tadesse
	8:45-9:00	TOT Evaluation	Mengistu Tadesse
	9:00–10.30	Workplans for DTC Implementation and Training Activities	Terry Green Niranjan Konduri
	10:30–10:45	Tea/coffee Break	
	10:45–12:15	Workplans for DTC Implementation and Training Activities (cont)	Terry Green Niranjan Konduri
	1:00–2:00	Closing Ceremony	Abraham Kabsay
	2:00–3:00	Lunch	
		Adjourn	

ANNEX 9. COURSE FACILITATORS

Terry Green
Senior Program Associate, RPM Plus/ MSH
tgreen@msh.org

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Local Facilitators

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Mengistu Tadesse
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ANNEX 10. GETTING STARTED

National Training Course on Drug & Therapeutics Committee and
Training of Trainers
Addis Ababa, Ethiopia
August 21, to September 2, 2006

Background

Challenges and problems in starting and implementing DTCs were discussed by participants on the first day of the course (21st August)

On Monday, 28th August, the session on **Getting Started** focused on how to come up with feasible and practical solutions that can be implemented by participants back in their health facilities.

Each group was given a challenge/problem and asked to develop practical, action-oriented solutions. Given below is a summary of participant response from each group.

Next Steps

It is anticipated that these solutions developed by participant groups will be implemented as they “own” these solutions.

How to Create Awareness on the Objective and Importance of DTC?	
Problems	Solutions
Lack of awareness on the objective and importance of DTC	<ul style="list-style-type: none"> • Training <ul style="list-style-type: none"> ◆ On site training ◆ Short, focused meetings • Information sharing and advocacy on DTC. Organize forums for discussion • Sharing the results and positive experiences of other hospitals that implement DTCs • Present the main problems of the hospital from those identified by a small study with realistic solutions • Involve prominent person during advocacy and post stickers, posters, etc to reemphasize

How to Establish a DTC Where None Exists?	
Problems	Solutions
No established DTC	<ul style="list-style-type: none"> • Collect data on drug use practice and perform small study to identify problems. Also monitor clinical practice • Promote DTCs as a main solution to solve the identified problems to all hospital medical staffs and related bodies <ul style="list-style-type: none"> ◆ Disseminate results of the study ◆ Create awareness on its importance on health and economics • Establish the committee according to DTC guidelines developed by DACA <ul style="list-style-type: none"> ◆ Medical director - Chairperson ◆ Chief Pharmacist - Secretary ◆ Matron ◆ Hospital administration – ex-officio ◆ Department head • Training on DTC with field practice and visit to model hospitals • Build a good team spirit • Work plan (Terms of Reference -TOR) <ul style="list-style-type: none"> ◆ Regular meeting every 2 months ◆ Define activities • Evaluate DTC activities every 6 months

Why Guidelines Are Not Implemented Properly? (examples –DTC Implementation Guidelines, Standard Treatment Guidelines, National ADR Reporting System Guidelines, Drug Information Center (DIC) guidelines)	
Problems	Solutions
<ul style="list-style-type: none"> • Lack of awareness about the guidelines • Lack of familiarization and training on its use before sent to health institution • Inaccessibility • Lack of supportive supervision • Failure to update guidelines frequently 	<ul style="list-style-type: none"> • Generate awareness about presence of guideline, its content and practical application to all stakeholders • Training, sensitization and orientation should be clearly defined • Obtain guidelines in accurate amount and make sure every site has it and allocate budget for more printing • To ensure regular supportive supervision for the implementation of the guidelines • Periodically update guidelines. This can be done by considering ideas and feedback obtained from stakeholders • Before an employee leaves the hospital/institute, an auditor must provide clearance. Ensure that all guidelines are taken back from employee so that it can be given to the new employee who takes her/his position

How can we Promote Team Work?	
Problems	Solutions
Lack of team work	<ul style="list-style-type: none"> • Establish the “right” team for the facility • Create mechanisms which maintain good team spirit • Create open forums for team discussions • Respect and acknowledge each other’s contribution Promote team work • Training should be given by trainers on the <ul style="list-style-type: none"> ◆ Objective and Importance of DTC ◆ Plan regular meetings (create schedule) • Give each member responsibility and accountability • Select time for meetings • Monitor and evaluate feed back on time • Maintain team spirit by all means

How to Strengthen Existing DTC?	
Problems	Solutions
<ul style="list-style-type: none"> • Lack of commitment of members • Poor team approach 	<ul style="list-style-type: none"> • Increase awareness <ul style="list-style-type: none"> ◆ Situational analysis on drug use practice to generate information ◆ Give training on DTC ◆ Inform members on changes brought by their activities ◆ Publish results of drug use studies in local, national and international journals including bulletins • Accountability <ul style="list-style-type: none"> ◆ Develop clear job descriptions (duties and responsibilities) for each member ◆ Ensure that each member is implementing and acting on her/his job description ◆ Prepare plan of action and evaluate performance of DTC meetings regularly ◆ Demonstrate respect and common courtesy to individuals ◆ Supportive follow up by senior management members • Develop rewarding scheme for good performance <ul style="list-style-type: none"> ◆ Recognition & certificate by the existing institutional system • Maintain appropriate team spirit <ul style="list-style-type: none"> ◆ Managerial skill training • Appropriate budget allocation based on planned activities • Create, ensure and maintain favorable atmosphere • Visit model hospitals

How to Deal with Lack of Commitment and Motivation?

Problems	Solutions
Lack of commitment and motivation	<ul style="list-style-type: none"> • Probe to identify causes for lack of commitment. Based on findings look for appropriate and feasible incentive mechanisms • Create feeling of ownership in all stakeholders • Ensure accountability for team members and individuals <p>To bring commitment we should make people motivated by:</p> <ul style="list-style-type: none"> • Training (Awareness creation) <ul style="list-style-type: none"> ◆ Objective/ advantage of DTC ◆ Rational drug use • Incentives (Non financial) <ul style="list-style-type: none"> ◆ Provide “Certificate of award” ◆ Short term training ◆ Experience sharing (Role model in DTC) ◆ Social recognition e.g. publicly recognizing a good job done (could be done once a month) ◆ Creating conducive working environment <ul style="list-style-type: none"> ○ More access to free Internet (or as a privilege for DTC members to use more hours) ○ Entertainment during meeting ○ Pre-informed meeting Date & Agenda ○ Provide refreshments during meetings

How to Address Work Overload in Health Facilities?	
Problems	Solutions
Work Overload	<ul style="list-style-type: none"> • Well organized human resource management • Recommend employment of required staff • Delegate and share responsibilities and monitor/adjust workload • Improve the daily time management e.g. respect working hours; Establish clear schedule of activities in each department • Encourage responsible time management • Reduce unnecessary meetings by preparing clear agenda • Prioritize activities • Mainstreaming DTCs in the organization's activity • Decentralize activities when applicable. Example: refill ART medications at health center level for stable patients • Improve the referral system within and outside health institution • Share responsibilities through DTC sub-committees (e.g. formulary sub-committee, antimicrobial resistance sub-committee, infection control sub-committee) so that work can be done very well

ANNEX 11. HOSPITAL FIELD STUDY GUIDELINES



National Training Course on Drug & Therapeutics Committee and Training of Trainers Addis Ababa, Ethiopia

Hospital Field Study Guidelines

August 29, 2006

In the morning you will visit a hospital for a study. At the hospital, please do the following:

1. After introducing yourself to the hospital administration, meet with the Chief Pharmacist and/or Chairperson/Secretary of the hospital's Drug and Therapeutics Committee.
 - If a DTC exists, obtain a description of the DTC composition and functions. (If no DTC find out who would be responsible for decisions concerning formulary list and procurement).
 - Who are the members of the DTC?
 - How often does the DTC meet?
 - What activities does the DTC carry out?
 - How is the formulary list updated?
 - What have been its achievements in 2005-2006?
 - Determine whether formal agendas are prepared for the meetings.
 - Ask to see the agendas on file.
 - Request permission to review the minutes of the past one or two meetings.
 - Determine what topics have been discussed.
2. If the DTC is charged with updating the hospital drug formulary list, ask for a copy of the drug evaluation report.
 - What is the format and content of the report?

(Note: Plan to spend a maximum of 15 minutes for questions 1 and 2.)

3. Ask the DTC to see any drug studies that are intended to identify drug use problems in the hospital. These might include:
 - ABC analysis
 - Drug Use Evaluation or Drug Utilization Review studies
 - Drug indicator studies
 - Qualitative studies to identify why drug use problems occur
4. Inquire about interventions to improve drug use. Do they utilize any education programs to improve drug use, standard treatment guidelines or protocols, drug use evaluation, regulatory interventions, or others?
5. Ask for a copy of the hospital drug formulary list.
 - How many drugs are on the list?
 - How many different chemical entities are there?
 - Prepare a list of all third generation cephalosporins and non-steroidal antiinflammatory drugs (NSAIDs)
6. Ask the Chief Pharmacist to provide the following information:
 - Unit price (acquisition price) of each drug in the following therapeutic categories: (1) third generation cephalosporins, (2) NSAIDs (get information for each drug product - for example, each brand of the same drug) and (3) Antihypertensives
 - Quantities of each drug that were consumed for the past 12 months (each brand of the same drug, if possible)
 - Total of **all** drug expenditures for the previous 12 months.
7. Ask the Chief Pharmacist the following questions:
 - Is there a drug information center?
 - Does the drug information center or pharmacy department produce a newsletter or drug bulletin? What information does it provide?
 - What drug information resources are available for the DTC?
 - Reference texts (for example, Martindale, Meyler's Side Effects of Drugs, USP DI, AHFS Drug Information, etc.)
 - Drug bulletins (for example, The Medical Letter, Drug and Therapeutics Bulletin, national drug bulletin)
 - Journals (for example, Annals of Pharmacotherapy, Journal of the American Society of Health-System Pharmacists, Drugs)

8. Review 15 charts of in-patients (from medical records) that have been prescribed ciprofloxacin. Review these charts and collect the data that is listed on your DUE form.
9. Review 15 charts of patients (from medical records) with the diagnosis of Cesarean Section delivery. Collect and record the data on the Cesarean Section DUE form.
10. At the Pharmacy: Evaluate 20 prescriptions for:
 - Prescribing Indicators:
 - # of drugs per prescription
 - % of prescriptions with antibiotics
 - % of prescriptions with injections
 - % of drugs prescribed by generic names
 - Patient Care Indicator
 - Observe dispensing time (secs/min)
11. Outside the hospital compound: Conduct patient exit interviews
 - Use the form developed on August 24, 2006
 - Try to interview a minimum of 10 and a maximum of 20 exiting patients.

On August 29, you will analyze the collected information and prepare a 10-15 minute presentation for August 30. The presentation should include:

- A brief presentation on the status of the DTC in the hospital that you visited.
- An analysis of the hospital drug evaluation process for additions to the formulary and report.
- An analysis of the three therapeutic groups utilizing data you collected at the hospitals.
- ABC analysis of all formulary items (if possible).
- Analysis of the charts reviewed by your group for the ciprofloxacin DUE and Cesarean Section antibiotic prophylaxis DUE form (appropriate drug, dose, duration, timing and cost saving if appropriate drugs are used.). Compare the drugs used in the chart reviews to the standard treatment guideline recommendation and to the DUE developed during the course.
- Analysis of prescribing indicators and exit interviews.
- What potential problems have you identified?
- What would you recommend to do about the problems?

Important Note:

- Facilitators are only there as observers, do not rely on them for moving the process.

- Please invite appropriate hospital administration and staff to the presentations on Wednesday.

ANNEX 12. WORKPLAN EXAMPLE

DTC - TOT, Addis Ababa, Ethiopia,

August 21 to September 2, 2006

Part A: work plan for DTC Implementation

Part B: Work plan for DTC related Training Activity

Country/Team: Ethiopia / Arbaminch Hospital Team

Names: Dr. Teklu W/Gabriel and Habteyes Chubaro

Goals: Establishing DTC and Giving Training on DTC and Rational Drug use

Part A: Work plan for DTC Implementation (for October, 2006 to September, 2007)

Activity1: Establishing DTC			
Process Indicator or Milestones	Completion Date	Completed? Y/N	Notes
• Discuss and convince the Hospital director about importance of DTC and its establishment.	Sept, 15 2006		
• Disseminate information to the Hospital medical staff about the establishment of DTC	Sept, 20 2006		
• Select DTC member and officially establish the committee and develop term of reference	Oct. 2006		
• Discuss with DTC member about subsequent meeting schedule and importance of DIC establishment			

Part A: Work plan for DTC Implementation (for October, 2006 to September, 2007)

Activity2: ABC Analysis			
Process Indicator or Milestones	Completion Date	Completed? Y/N	Notes
• Discuss with DTC members the importance of drug use evaluation and get consent to do ABC Analysis & VEN method	December, 2006		
• Collect Data	Jan, 2007		
• Analyze Data	Jan., 2006		
• Present the result of the analysis to the DTC and discuss about amendment of drug utilization and procurement	Feb, 2006		

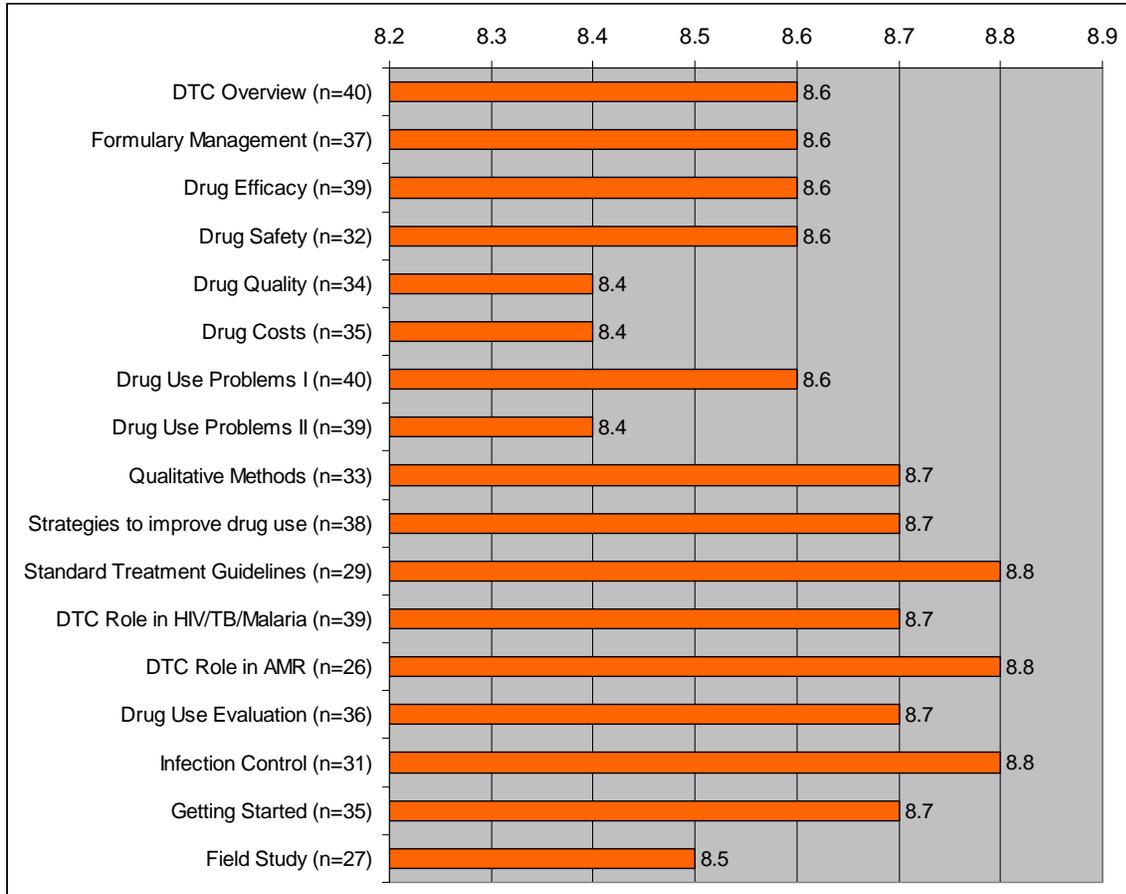
Part B: Work plan for DTC Implementation (for October, 2006 to September, 2007)

Activity1: Training on DTC			
Process Indicator or Milestones	Completion Date	Completed? Y/N	Notes
• Propose trainings on DTC for Gamo Gofa zone health institution and submit training proposal to the hospital, regional health bureau, DACA & MSH	Nov, 2007		
• Raising funds and preparing training aids in collaboration with the Hospital, MSH,	Dec., 2006 to Jan, 2007		
• Train the DTC Committee member	Feb., 2007		
• Train Physician	Feb, 2007		
• Train Pharmacy Section	March, 2007		
• Training of nurse and other paramedical workers	Mid, March 2007		

ANNEX 13. EVALUATIONS

Participant Evaluation of DTC Course Individual Session Ratings

Scale: 1 = strongly disagree; 9 = strongly agree



Overall DTC Training Course Evaluation (n=41)

(scale of 1–9)*

Content

The objectives were clearly defined at the beginning of the training course	8.5
The defined objectives were achieved by the end of the training course:	8.5
The amount of material covered during the course was appropriate:	8.6
The depth of coverage of the material in the training course was appropriate:	8.4
How useful will the knowledge and skills obtained in this course be to my work?	8.6

Facilitators/Trainers

Overall, I would say the quality of the facilitation was:	8.3
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Overall Opinion

This course was valuable and I will recommend it to my colleagues:	yes	40
	no	0

Overall Satisfaction with Training Logistics

The pace of the course:	8.2
The style and format of the sessions:	8.3
The instructional materials:	8.4
The length of the training course:	7.8

Overall Score for DTC Course **8.5**

* 1 = strongly disagree; 9 = strongly agree

Level of difficulty of the training course

Too Easy = 3
Just Right = 35
Too Hard = 1

Recommendations for Improving Training Course

Given below is a summary of participant feedback grouped under various sub-headings.

Course related aspects

- Add management topics on the trainings because DTC has very strong managerial activities
- Some courses were covered very nicely like DUE and they are very helpful for our works.
- It is better to have pre and post training test and award those who score high.
- The number of pharmacy professionals involved in the training should be higher
- Please include private hospitals.

- Include experiences of model countries on relevant topics.
- It should take into consideration our country's situation.
- Presentation of local situation was excellent.
- The outcome will be good with more orientation with the local trends of treatment modalities.

- The program is so tight the whole course may need 3 weeks in order to gain much more to cover all with sufficient time.
- Generally the course is brief but it is very intensive so it must be longer
- Training sessions were too long (2)
- Field visits need be at least two days.
- Create mechanisms to deal with time management.
- Improve time management during the sessions (6)
- Avoid repeated talks from the participants which have the same idea.

- The activities were very nice in that they helped us grasp the subject matter of the course
- Encourage active participation.
- It would be good if you add more activities on relevant sessions.
- Daily activities are lengthy and tiresome which affects the comprehension of the material
- The incorporation of exercises/practical activity is good

- The training materials are interesting the presenters too
- It is excellent and very important course with knowledgeable instruction; all of you are very friendly with us
- Interesting training course. Keep it up
- Excellent training. Keep it up for next trainee.
- You are on the right track, please keep it up.
- I gained a lot from this course.

- I thank DACA for arranging this training.
- DACA should have its branch in all facilities to monitor and evaluate.

- DACA and RPM + did an excellent job but for those of us remaining behind in Ethiopia it is a big responsibility so DACA and one health facilities should work together.
- Include energizers and warm up in between the sessions be it from facilitators or participants for each could have helped the refreshment while attending day session.
- I think interventional studies and such trainings may help the country's very poor health service; the training must be regularly conducted at all institutional (health facilities) level.
- What are you doing now is the solution of the problem of health service in this country.
- Please come again and see any difficulties in the health service for the future.
- What I learn from these 12 days I consider it as my second degree (MSc). I am happy to be having such an interesting opportunity to get such organized lesson.

Administrative

- Use of flip charts are good
- The writing should be bold so that the participants can see from a distance.
- Overall good, but the program is extensive (too much for one day) so if you are selective in some titles it will be enjoyable and attract your trainees.
- Exclude weekend in the future.
- The training place is far.
- The way you distributed any additional materials is commendable
- Thank you for your good presentations, facilitations of a nice lunch, appropriate transportation. Overall you were nice in every activity

Facilitator

- A better venue for group arrangement and well functioning speaker if possible.
- I like to give my thanks to all the facilitators.
- The level of experience and mix of expertise of the facilitators was very nice.
- I appreciate the training of the trainers to make the training fruitful.
- Group composition, facilitators and participants was good.
- Over all performance was very good so keep it up

Follow Up

- Design performance evaluation of the DTC.
- Continuous follow up of the health institutions
- This kind of session must continue to provide follow up support to participants
- Direct communication with DTC trained members after the end of the training by email
- Basic education and continuous education (like this course) and practice make man perfect.

Recommendations

- To prepare such a course for those hospitals who didn't get a chance to be trained.
- High turnover of health professionals has been mentioned as one of the major reasons for not establishing or maintaining DTCs. For next training, try to include mixed teams of junior and senior physicians as well as junior and senior pharmacists.
- There should be strategies to improve the shortage of pharmacy personnel in order to promote RDU.
- Recommend that the sponsoring organization support institutions by providing training materials to enable us to conduct similar trainings. This kind of conference must continue at all health care levels

Participants' Evaluation of TOT Component

(scale of 1-5)*

Part I: Educational Aspects

How well did the TOT course achieve its objectives	4.2
How useful was the TOT for your work?	4.4
How were the teaching and learning methods?	4.2
How useful were the materials?	4.2
How clear were the explanations?	4.2
How well were the facilitators able to lead discussions?	4.5

Part II: Course Content

Overview and Orientation	4.3
Adult Learning	4.4
Role of the Teacher	4.4
Communication Skills	4.2
Presentation Techniques	4.3
Teaching & Learning Methods	4.1
Setting SMART Objectives	4.4
Facilitating DTC Trainings	4.3
Designing & Conducting Field Studies	4.2

Overall TOT Score 4.3

Part III: Overall Administrative aspects of DTC-TOT course

Training Room	4.3
Accommodations	4.2
Food	3.9
Breaks	4.0
Transportation	3.9
Administrative Support	4.1

*1 = poor; 5 = excellent

Further Reflections on TOT course

- For the purpose of the DTC the TOT course is good for participants to be oriented about adult teaching principles. If possible, it is good to conduct over the longer period to let each participant practice in front of his trainees. This will enable participants to identify his/her strong and weak sides to enable him/her to perform better in DTC onsite training of his/her own facility.
- I prefer a longer TOT session because the issues addressed in this training is not enough; more time must be given to elaborate on them (3)
- The TOT should have been a bit longer and intensive.
- As trainer we have to know more information about teaching and learning strategies.
- Allow each participant to present a topic in whatever language he/she prefer (English/Amharic)
- Give feedback to each presenter.
- Trainee should be familiar with presentation techniques, flip charts and transparencies because there are commonly used, instead of powerpoint presentation. Laptops and LCDs are not available in most facilities.
- Everybody should get a chance to present.
- At least having one more day of practice would have been good.
- Most of the training was monotonous because facilitators had to keep time.
- During the presentation of communication skill it was better future clarify it.
- The ideas that are presented are brief, it must be in detail.
- More days should have been given for this so that participant could have the chance to present.
- There should be sometime arranged in the future for experience sharing after implementing the TOT in the future.
- Overall, I do really appreciate the partners for organizing such marvelous training
- There are experts on adult education in this country. If you invite those experts too it becomes more interesting
- The training lacks ice breakers (energizers) in between sessions

ANNEX 14. TOT SELF-ASSESSMENT EXERCISE

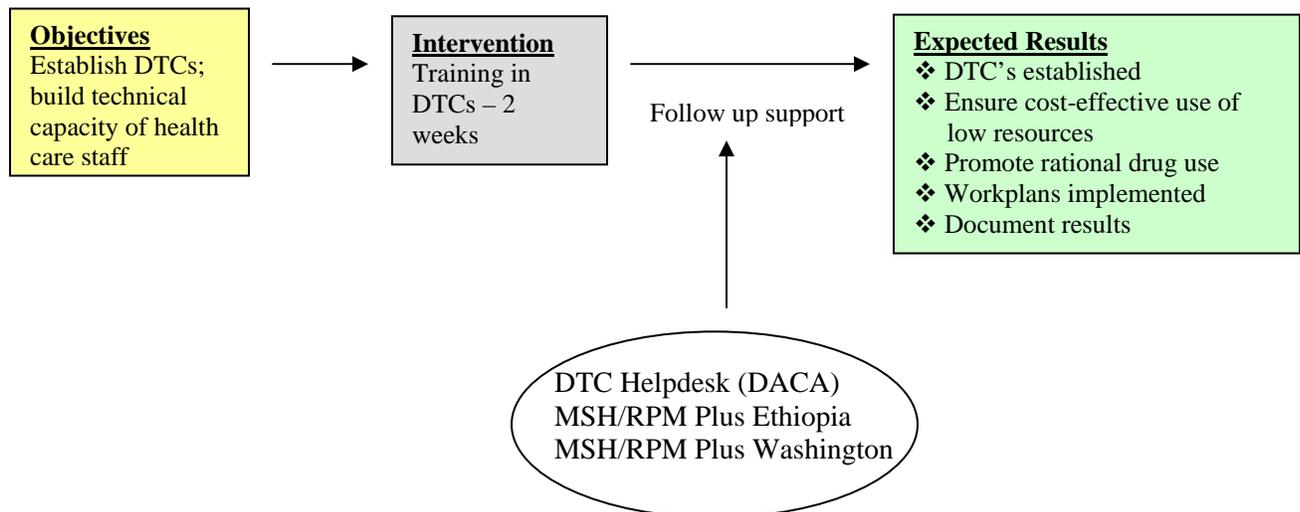
Summary of Pre and Post Self-Assessments by Participants	
Pre-	Post
“My strengths as a trainer/facilitator are...”	“My strengths as a trainer/facilitator are...”
Confidence (n=1) Technical knowledge of topic (n=8) Facilitation Skills (n=1) Communication skills (n=6) Presentation skills (n=7) Time management (n=6) General teaching skills (n=7) Dedication and enthusiasm for teaching (n=4) Knowing participants (n=3) Participatory trainings (n=6) Organization/preparation (n=1)	Confidence (n=9) Technical knowledge of topic (n=4) Facilitation Skills (n=3) Communications skills (n=8) Presentation skills (n=9) Time management (n=5) General teaching skills(n=1) Dedication and enthusiasm for teaching (n=5) Knowing participants (n=3) Participatory trainings (n=4) Organization/preparation (n=7) Overcoming stage fears (n=2)
“Areas that I want to develop are...”	“Areas that have developed/improved are..”
Presentation skills (n=11)	Presentation skills (n=9)
Facilitation skills (n=10) Communication skills (n=20) Technical knowledge of topic (n=2) Time management (n=3) Preparing/using audio visual materials n=2) Overcoming stage fears (n=5) Adult learning techniques (n=4) Participatory teaching (n=2) Organizational/preparation skills (n=1)	Facilitation skills (n=6) Communication skills (n=16) Technical knowledge of topic (n=3) Time management (n=5) Preparing/using audio visual material (n=2) Overcoming stage fears (n=3) Adult learning techniques (n=3) Participatory teaching (n=3)
	Organizational/preparation skills (n=3)
	Confidence (n=4)
	Dedication and enthusiasm for teaching (n=2)
	“Areas that I still want to develop are...”
	Presentation skills (n=8) Communication skills(n=12) Facilitation skills (n=3) Improve tolerance and patience (n=1) Participatory teaching (n=1) Control stage fears (n=2) Time management (n=2) Organizational/preparation skills (n=2) Working with bureaucratic leaders (n=1)

ANNEX 15. FOLLOW-UP PLAN

Plan for follow-up support to participants after the training course –

After the DTC training, follow up support to participants in the form of technical guidance, mentoring, problem solving, etc is necessary to ensure that participants are able to implement lessons learned in their health facilities. Training alone may not yield results and follow up support is therefore essential to assist participants implement lessons learned. Effective follow-up is a prerequisite to obtain long term results from participants.

Two persons from DACA have been trained in DTCs – Mengistu Tadesse and Ribka Mekonnen. It is suggested these two resource persons lead the “DTC helpdesk” from DACA. MSH/RPM Plus Ethiopia in collaboration with MSH/RPM Plus, Washington will provide technical follow-up support to participants and DACA.



Mechanism of follow-up support

- Maintain regular follow-up via email and phone calls with individual participants to assess implementation of their proposed work plans and provide advice where needed
- Offer encouragement and motivate participants. Be available to talk to participants even if it means sharing ideas, brainstorming and discussing.
- Use a continuously updated matrix to document progress on participants' work plans.
- Encourage participants to share any success stories, big and small, with all other fellow participants by sending out emails. Encourage them to share the underlying factors for their success as well as difficulties so that others may benefit from the lessons learned.
- Make on-site hospital visits, when appropriate

Role of DACA

Person responsible:-

Abraham Kahsay
Mengistu Tadesse
Ribka Mekonnen

- Lead the “DTC helpdesk” for DTC-TOT participants
- Work effectively with RPM Plus in guiding participants to implement DTC-TOT workplans
- Make phone calls and visit hospitals when appropriate and feasible
- Identify and diagnose problems that participants experience and document them
- Identify why participants are not able to implement workplans
- Produce periodic reports describing updates about participant progress in implementing their workplans

Role of MSH/RPM Plus Ethiopia

Person responsible:-

Negussu Mekonnen
Laika Gebreselassie

- Work effectively with DACA and provide technical support
- Assist participants to implement DTC-TOT workplans
- Be available to guide participants and provide encouragement
- Identify opportunities for improvement in hospitals and guide participants to focus on priority problems
- Make phone calls and visit hospital sites when feasible

Role of MSH/RPM Plus Washington

Person responsible:-

Niranjana Konduri
Terry Green

- Provide technical assistance to DACA and MSH/RPM Plus Ethiopia regarding follow-up support strategies and activities
- Communicate periodically with participants via email and when appropriate, via phone calls
- Provide technical materials on rational drug use and antimicrobial resistance topics to participants
- Assist DACA and MSH/RPM Plus Ethiopia in producing periodic progress reports related to participant accomplishments in DTC related activities
- Provide guidance on how to conduct drug use studies and conducting analyses of the formulary and health system to participants