

**Rational Pharmaceutical Management Plus
Technical Briefing Seminar for Anglophone Consultants,
Copenhagen, Denmark: January 30- February 2, 2006: Trip Report**

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About RPM Plus

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

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Abstract

MSH/RPM Plus participated in a technical briefing seminar (March 05-09, 2006) for professionals/consultants in Dakar, Senegal. This seminar was organized by WHO and UNAIDS with the objective of strengthening capacity and identifying challenges in scaling up access to essential commodities for three diseases HIV, TB and Malaria. The target group was consultants working in the sub-region and implicated in Procurement and Supply Management of commodities for programs funded by Global Fund against HIV/AIDS, TB and Malaria (GFATM).

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Key Words

Consultants, procurement, quantification, adherence, tools, medicines, Stock outs, partners

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ACRONYMS

UNAIDS	The Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization
ESTHER	Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
IDA	International Dispensary Association
CHMP	Centrale Humanitaire Medico-Pharmaceutique
MMSS	Malaria Medicines Supply Services
GFATM	Global Fund for HIV/AIDS, TB and Malaria
ReMeD	Réseau Médicaments et Développement
JSI	John Snow Institute
SCMS	Supply Chain Management System
AMDS	AIDS Medicines and Diagnostics Services
IDPIG	International Drug Price Indicator Guide

BACKGROUND

At the end of 2005, the report on the success of WHO's 3 by 5 initiative showed some improvement but fell short of the expected results. The international community expects universal access to antiretroviral treatment (ART) by 2010 necessitating added efforts in strengthening health systems, which includes pharmaceutical supply systems.

During Procurement and Supply Management (PSM) workshops that took place in 2004 and early 2006 in sub-Saharan Africa, the Middle East, south East Asia, Latin America and shortly in Central Asia, participants were able to complete their action plans to unblock Global Fund against HIV/AIDS, TB and Malaria (GFATM) grants allocated to procurement. They also indicated their technical assistance needs for the implementation of their programs financed by GFATM, WBI and other multilateral and bilateral partners. In addition WHO, MSH/RPM Plus and other partners continue to receive requests for technical assistance to strengthen PSM systems and it is estimated that these requests will increase in the months ahead if the objective of universal access to ART is to be reached.

In order to respond rapidly and effectively to these requests, WHO has developed a database of about 500 consultants among whom there are more than 80 professionals with experience in the different components of the PSM cycle.

The seminar that was organized in Copenhagen from January 30 February 02, 2006 had as its main objective the establishment of a network of competent consultants and to strengthen professional capacity. The goal is that they can solve implementation problems in their programs or those of programs that will eventually invite them to give support.

Purpose of Trip

MSH/RPM Plus was invited to facilitate discussions at this seminar on the following themes; strategies to enhance adherence to treatment and tools developed by MSH/RPM Plus. It was also an opportunity to meet with consultants in the region and establish rapport for future technical assistance activities and collaboration. Following the invitation by WHO, Bannet Ndyabangi traveled to Copenhagen, Denmark from January 30 to February 02, to facilitate the sessions cited above.

Scope of Work

During the workshop, Bannet Ndyabangi facilitated technical briefings on two technical areas and participated in meetings with partners aimed at reaching consensus on final agenda and method of work. The activities are summarized below:

1. strategies to enhance adherence to treatment for HIV, TB and Malaria
2. MSH/RPM Plus Quantimed, ORION@MSH, IDPI tools developed by RPM Plus to support supply management in developing countries.
3. Participate in a pre-workshop partners meeting

ACTIVITIES

1. Facilitation of discussions on Strategies to enhance adherence to treatment for HIV, TB and Malaria

Discussions during this session centered around the following themes:

- Definition of adherence
- How to measure adherence
- Experiences with adherence in HIV/AIDS, TB and Malaria
- Consequences of below average adherence to treatment
- Strategies to ameliorate adherence

2. Presentation of MSH/RPM Plus Quantimed, ORION@MSH, IDPI tools developed to support Pharmaceutical supply management in developing countries.

Discussions focused on how to determine competitive drug prices and manage the tender process. MSH's International Drug Price Indicator (IDPI), MSH/RPM Plus tools and experience in prevention and management of stock out, procurement planning and distribution was presented. ORION@MSH and the Dispensing Tools were presented.

3. Participation in seminar partners meeting

The agenda, which covered all the components of the pharmaceutical management cycle, was discussed and adapted through partner meetings. The following issues were raised: challenges linked to consultant work such as the need for mentoring young consultants during the first missions, the definition of precise terms of reference, adequate time allocation for mission and consultant fees.

A copy of the agenda for the four day seminar is in Annex 1.

Collaborators and Partners

A total of 38 professionals participated in the technical briefing seminar for Anglophone consultants. They were from the following countries and partner organizations: Kosovo Kenya Australia Uganda Tanzania Zimbabwe UK India, Botswana, Ukraine, Denmark and the following partner organizations: WHO, STOP TB/GDF, MSH/RPM Plus, UNAIDS, UNICEF, UNDP, IDA foundation, GFATM, Roll Back Malaria/MMSS, JSI/DELIVER, SCMS/PEPFAR.

NEXT STEPS

Immediate Follow-up Activities

1. MSH/RPM Plus will identify consultants from those that attended this seminar (using the profiles collected) and work with them to provide TA to countries that will request TA in implementing the GFATM grants.

**ANNEX 1. AGENDA FOR TECHNICAL BRIEFING SEMINAR FOR FRANCOPHONE CONSULTANTS,
COPENHAGEN JAN. 30- FEB 02, 2006**

8.30-10.30	<p>1. Registration of participants: Paula Luaces (UNICEF)</p> <p>2. Rationale, objectives of the seminar and welcome remarks from AMDS and UNICEF: Shamsul Farooq and Vincent Habiyambere</p> <p>3. Introduction of participants: gallery of experts (how consultants were selected (selection process), short presentation of who is who and expressed expectations from the seminar</p> <p>4. Administrative announcement</p> <p>Plenary Discussions</p>	<p>6. PRODUCT SELECTION and GFATM OPTIONS FOR SUPPLIER SELECTION</p> <p>6.1 HIV treatment (Current WHO recommendations and guidelines for ARV Treatment): (20 min): Vincent Habiyambere</p> <p>6.2 Current issues in selection & planning for the procurement of OI drugs (20 min): Clarisse Morris</p> <p>6.2 TB treatment (Current WHO recommendations and guidelines): (20 min): Robert Matiru</p> <p>6.3 Malaria treatment (Current WHO recommendations and guidelines): (20 min): Maryse Dugué</p> <p>Interactive discussions on product selection</p>	<p>10. PROCUREMENT PLANNING</p> <p>10.1 Review experiences with global ARV shortages (30 min): Clarisse Morris</p> <p>10.2 Planning & procurement of diagnostics in support of HIV/AIDS treatment and care programmes (30 min): Ludo Scheerlinck.</p> <p>10.3 Interactive discussions on the following (90 min) :Helen Moller</p> <p>a) Procurement planning in scale up: What has worked well</p> <p>b) Planning procurement in scale up, situations where suppliers can not deliver</p> <p>c) Handling stock outs where patents apply - can we legally recommend the use of generics ?</p> <p>d) How to do emergency procurement' under a government use clause</p>	<p>13. RATIONAL DRUG USE / PHARMACOVIGILANCE</p> <p>Adherence strategies, what is working well, what not</p> <p>Review of tools currently in use (30min): Bannet Ndyabangi</p> <p>Pharmacovigilance for HIV, TB and malaria drugs (30 min): Pal Shanthi</p> <p>Interactive discussions on rational use and pharmacovigilance</p>
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Coffee break				
11-12.30	<p>5. Introductory remarks : the place of PSM within the broader context of universal access</p> <p>5.1 From 3by5 to Universal access to HIV/AIDS Treatment: AMDS (15 min): Peter Graaff</p> <p>5.2 GDF role in Universal access to TB treatment (15 min): Robert Matiru</p> <p>5.3 M2S2 role in Universal access to Malaria treatment (15min): Remy Prohom</p> <p>Plenary Discussions</p>	<p>7. QUANTIFICATION & FORECASTING</p> <p>7.1 Generalities on quantification/forecasting methods & Experiences/lessons learnt in drug quantification/forecasting for :</p> <ul style="list-style-type: none"> - HIV programme (20 min): Helen Moller - TB programme (20 min): Robert Matiru - Malaria programme: Example of nets (20 min): Lorenzo Witherspoon <p>Interactive discussions</p>	<p>11. STORAGE AND DISTRIBUTION</p> <p>11.1. General overview of materials on storage and distribution (30 min): Nyenwa Jabulani</p> <p>11.2. Presentation on the following:</p> <ul style="list-style-type: none"> a) Storage and distribution of ARVs: ARV Push and Pull distribution systems: review of kit distribution experiences in Malawi (15min): Caesar Mudondo b) Technical Assistance provided to Ethiopia for logistics and distribution of medical supplies (15 min): Marlon Banda c) Vertical supply vs. integrated supply ; strengths, benefits and challenges of TB distribution model (15min): Robert Matiru d) Storage and distribution challenges of Malaria drugs (ITNs) (15 min): Remy Prohom e) Key challenges in planning the storage and the distribution of bednets (15 min): Lorenzo Witherspoon <p>Interactive discussions on logistics, storage and distribution</p>	<p>14. CHALLENGES / BOTTLENECKS & OPPORTUNITIES IN SCALING UP: Nyenwa Jabulani</p> <p>Based on participants' experiences, group discussion followed by plenary sessions</p> <p>Group work to identify immediate need to short term TA & Need for long term capacity development ; what are the challenges and opportunities</p>

<p>14.00-15.45</p>	<p>5.4 GFATM PSM plan template: PSM planning; Reprogrammation; and approval procedures (20 min): Luca Li Bassi.</p> <p>5.5 Price reporting mechanism: lessons learnt and how to use the evidence from the PRM: AMDS (20 min): Peter Graaff</p> <p>5.6 The Partnership for Supply Chain Management: objectives & operating mechanisms (20 min): Ian Barton</p> <p>5.7 GTT/GIST role and operations for PSM including the National Coordination Mechanism: (15 min): Suvi Rautio</p> <p>Plenary Discussions</p>	<p>8. QUALITY ASSURANCE & WHO PREQUALIFICATION</p> <p>8.1 Quality assurance system and practical implications of WHO PQ including approval mechanism for suppliers of medicines (option a, b, c of the GFATM policy) (30 min): Maija Hietava</p> <p>8.2 Approval mechanism of suppliers for TB drugs (20 min): Robert Matiru</p> <p>8.3 Approval mechanism of suppliers for Malaria drugs and bednets (20 min): Maryse Dugué / Lorenzo Witherspoon</p> <p>Interactive discussions on quality assurance and approval mechanism of suppliers</p>	<p>12. Strengthening the health system and supply chain in an integrated approach - Presentation and discussion of country case studies</p> <p>Progress towards the universal access, challenges/major bottlenecks, planned strategies/actions to overcome them</p> <p>1) HIV : Botswana: experience on M&E of ARV supply programme at national level (10 min): Stanley Mapiki</p> <p>Uganda: experience with decentralization of ARV programme and implication on procurement planning (10min): Saul Kidde</p> <p>Tanzania: experience with common basket for ARV procurement (10 min): Emma Msuya</p> <p>2) Malaria Programmes and implication on strengthening the overall health system (20 min): Maryse Dugué</p> <p>Interactive discussions on supply chain issues</p>	<p>15. Two parallel sessions / small groups with feedback : Group discussions followed by plenary sessions</p> <p>15.1 HOW TO EVALUATE TA PROVIDED AT COUNTRY LEVEL: Helen Moller</p> <p>Small groups to develop a set of guiding principles for evaluating short term TA and long term capacity building provided by consultants. Who should do the assessment of the value of TA provided</p> <p>15.2 HOW TO SET UP A GLOBAL REPORTING MECHANISM ON TA PROVIDED: Marlon Banda</p> <p>What information can be published on a website</p>
<p>Coffee break</p>				

<p>16.00-17.30</p>	<p>Reception of the consultants</p>	<p>9. PRICING : Why pay more for the same drug 9.1 Pricing issues for pediatric ARV drugs (10 min): Suvi Rautio 9.2 Pricing issues for TB drugs (20min): Robert Matiru 9.3 Pricing issues for malaria commodities (20 min): Maryse Dugué</p> <p>9.4 Options applied to reduce price: TRIPS flexibilities : What to recommend to countries (20 min): Bechir N'Daw</p> <p>Interactive discussions on medicine price issues</p>	<p>12. Strengthening the health system and supply chain in an integrated approach - Presentation and discussion of country case studies: Cont'd</p> <p>Interactive discussions on supply chain issues</p>	<p>16. Next steps and closing remarks: Suvi Rautio.</p>
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ANNEX 2.

TECHNICAL BRIEFING SEMINAR FOR CONSULTANTS ON PROCUREMENT AND SUPPLY MANAGEM ORGANIZED BY WHO AND AMDS NETWORK

Hosted by UNICEF in Copenhagen, 30 January - 2 February 2006

Introduction

By the end of 2005, health systems will be confronted with reports illustrating gaps in reaching common targets such as the MDGs and 3 x 5. Not only will the urgency to address the remaining hurdles be more profound, but more funding through the commitment of global leaders is a given. The target of 3 x 5 is being replaced by calls for ensuring universal access by 2010.

During the procurement and supply management (PSM) workshops that WHO organized in collaboration with its partners for developing countries (in Sub-Saharan Africa, Middle East and North Africa, Asia and the West Pacific, East & Central Europe (soon), Latin America and the Caribbean), participants expressed a great need for technical assistance to develop and to implement more effectively the PSM plans funded by various organizations including the GFATM, the World Bank and bilateral/multilateral aid agencies. WHO and other partners receive on a regular basis requests for technical assistance to strengthen the supply system.

To enable our organizations and partners to respond to these requests in a more efficient and timely manner, we constituted a database of over 500 consultants among whom 80 have one or more expertise in the procurement and supply management area such as drug selection, forecasting and quantification, procurement, drug regulations, quality assurance, prequalification, stock management and distribution, and rational use including treatment adherence. Other technical areas for which technical assistance is required include drug production and intellectual property rights, development of PSM plans/national drug programmes/national drug policies as well as monitoring and evaluation of the pharmaceutical sector.

This briefing seminar is intended to strengthen the capacity of professionals/consultants working at the forefront on PSM of HIV/TB/Malaria related medicines, to identify the key challenges in scaling up access to essential commodities needed for prevention, treatment and care programmes for priority diseases, and to develop joint strategies to address them at country level during their day-to-day activities or during their assignment as consultants.

Target audience and selection criteria

This technical briefing seminar is targeted at:

- UN staff working in the area of PSM in priority countries¹ identified and financially supported by their organisations: UNICEF and World Bank programme officers with PSM responsibilities, WHO EDM NPO's, etc.
- Consultants with a track record of working in the target countries, in the area of PSM of HIV related medicines. They are mainly experts or professionals who are firmly entrenched in their current position in their own country /region.

We are limited to 45 participants. Participants will be selected from the database using the following criteria:

1. Expertise/education covers at least two (2) of the PSM technical areas listed in the introduction above.
2. Currently active in PSM activities at national, regional or international level. (independent consultants should not be participants but can be facilitators for this workshop)
3. Recommended for PSM activities by an AMDS/GDF/M2S2 partner
4. Utilised at least once as a consultant for PSM by a UN agency, governmental or NGO, bilateral/multilateral aid agency at national, regional or international level.
5. Not black-listed by any of the AMDS partners.
6. Language: fluently speaking and writing English for this workshop. (N.B. a workshop for Francophone consultants will be organised in March 2006).
7. Declaration jointly signed by the participants and their supervisor that they are willing to undertake consultancy activities with AMDS/GDF/M2S2 partners.

Each participant should fulfil the 4 last criteria (4 through 7: required criteria) plus at least 2 of the first 3 criteria (1 - 3).

Seminar objectives

1. To brief participants about WHO's guidance on public health approach, operational recommendations for 3by5, IMAI - decentralization, and existing tools and guidelines in each technical area of procurement and supply management.
2. To identify the most important bottlenecks in supply systems and best practice solutions from participants' experiences.
3. To increase participants skills in working in the context of 3 Ones and comprehensive national drug policy, in particular the procurement and supply management component.
4. To provide participants with a good understanding of planning, procurement policies, and approval procedures of international stakeholders such as the GFATM, the World Bank, GDF, and the Malaria Booster Programme.
5. To develop a framework for monitoring, evaluating and reporting on technical assistance provided in the area of PSM.

¹ Regional and country Staff from UNICEF, WHO, WBI, UNDP and other AMDS partners serving in the following priority countries are welcome to participate when financially supported by their institutions: Angola, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Sudan, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe.

Seminar outcomes

By the end of the workshop, participants will:

1. Be fully informed and agree to use WHO's normative guidance in treatment access and be familiar with tools and guidelines in various technical areas of Procurement and supply management.
2. Immediate and long term needs and solutions identified to address PSM bottlenecks.
3. Be aware of collaborative mechanisms & potential synergies among partners supporting the PSM systems at national level: "3 Ones".
4. Be aware of planning and procurement policies of the GFATM, the World Bank, GDF and the Malaria Booster Programme.
5. Have agreed on a common framework for monitoring, evaluating and reporting on TA provided

Method of work

The programme will cover all the components of the supply cycle with special focus on the three major diseases: HIV, TB and Malaria.

Sessions will be interactive and highly participatory: there will be short presentations on country experiences, brain storming sessions, small group work and plenary discussions for better understanding and exchange of experience among participants.

Each session in the plenary and small group discussions will have a rapporteur and rapporteur selected from the workshop participants.

Tools and guidelines will be made available to participants in hard copy or on CD rom. Participants are invited to bring tools used in technical assistance to developing countries with PSM problems at planning or implementation levels for demonstration purposes.

For further details, please refer to the agenda of the seminar.

Presenters and facilitators

The seminar will be facilitated by senior staff from AMDS partners, M2S2, GDF and by senior consultants with extensive experience with PSM work. Workshop participants will lead some sessions in particular those related to country experience and best practice solutions.

Conditions for participation

Participation at the Technical Briefing Seminar is free of charge. Consultants will be supported for their travel by the cheapest ticket in economy class and accommodation fee will be covered by WHO. The designated UN staff nominated for participation to this workshop will be supported by their own organizations. The closing date for confirmation of participation is **14 January 2006**.

Venue and dates

Copenhagen (UNICEF Supply Division): 30 January - 2 February 2006.

List of participants

Names	Countries (Reference)
1. Arifaj Dardane (independent)	Kosovo (UNICEF)
2. Abondo Charles Wangoya (indep.)	Kenya (Ghidineli)
3. Kong Fabian Yuh Shiong (Indep)	Australia (WPRO)
4. Saul Kidde (CMS)	Uganda (Serutoke)
5. Lau Gooley Suzanne (Hosp. pharm.)	Australia (WPRO, Moody)
6. Sillo Hiiti (Tanzanian FDB)	Tanzania (Lapnet: TRN)
7. Nyenwa Jabulani (Indep)	Zimbabwe (WB)
8. Ayala Oström Beatriz (Indep)	UK (UNICEF)
9. Tanna Saloni (Indep)	India (UNICEF)
10. Emma Msuya (MOH)	Tanzania (PSM workshops)
11. Stanley Mapiki (CMS)	Botswana (PSM workshops)
12. Donna Asimwe Kusemererwa (JMS)	Uganda (EPN)
13. Alexander Polischuk (EURO)	Ukraine (Kees)
14. Jane Eva Nabulime Masiga (MEDS)	Kenya (EPN)
15. Valerie Remedios	Denmark (EURO Health)

Secretariat

1. Vincent Habiyambere, WHO/HIV/AMDS
2. Peter Graaff , WHO/HIV/AMDS
3. Pal Shanthi, WHO/PSM/PAR
4. Maija Hietava, WHO/PSM/PAR
5. Alexander Polischuk, EURO/HTP
6. TCM: 1 participant nominated by the Director/TCM (**excused**)
7. AFRO: 2 participants nominated by the RO (**excused**)

Partner Organizations

1. Shamsul Farooq, UNICEF
2. Suvi Rautio, UNICEF
3. Ludo Scheerlinck., UNICEF
4. Helen Moller , UNICEF
5. Caesar Mudondo, UNICEF
6. Marlon Banda, UNICEF
7. Paula Luaces, UNICEF
8. Béchir N'Daw, UNAIDS Secretariat
9. Luca Li Bassi, GFATM Secretariat
10. Maryse Dugué, Malaria Medicines Supply Service (MMSS)
11. Remy Prohon, Malaria Medicines Supply Service (MMSS)
12. Lorenzo Whitterspoon, Malaria Medicines Supply Service (MMSS)

13. Robert Matiru, Stop TB/GDF
14. Clarisse Morris, IDA Solution
15. Ian Barton, JSI/Deliver
16. Bannet Ndyabangi, MSH/RPM Plus

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