

## Technical Support Visit to Namibia July 6 to 31, 2006: Trip Report

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This report was made possible through support provided by the U.S. Agency for International Development, under the terms of cooperative agreement number HRN-A-00-00-00016-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

### **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**

To continue to meet the mandate of strengthening pharmaceutical management systems for the delivery of ART programs the RPM Plus/Namibia office continues to collaborate with MoHSS, USG team in Namibia and other stakeholders. The planning period for the FY07 COP application provided an opportunity to network with other agencies, seek out synergies and other means of leveraging activities, particularly through the discussions on the possibility for the involvement of the SCMS project in Namibia. The demands for the improvement in quality and the creation of a continuum of care for the ART services has challenged RPM Plus/Namibia to work more at the facility level and to increase capacity and collaboration in an effort to address all pharmaceutical management issues that may arise.

### **Recommended Citation**

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Nwokike Jude. 2006. *Technical Support Visit to Namibia; Trip Report*. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

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## ACRONYMS

ART	Antiretroviral Therapy
ARV	Antiretroviral medicines
CDC	Center for Disease and Control and Prevention
CMS	Central Medical Stores
COP	Country Operational Plan
CPT	Cotrimoxazole Prophylaxis Therapy
HBC	Home Based Care
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IMAI	Integrated Management of Adolescent and Adult Illness
IPT	Isoniazid Prophylaxis Therapy
IWG	Implementation Working Group
MoHSS	Ministry of Health and Social Services
OI	Opportunistic Infections
OVC	Orphan and Vulnerable Children
PFSCM	Project for Supply Chain Management
PSC	Project Steering Committee
RMT	Regional Medical Team
SCMS	Supply Chain Management System
TC	Therapeutics Committee
THC&CSS	Tertiary Health Care and Clinical Support Services
TIPC	Therapeutics Information and Pharmacovigilance Center
TWG	Technical Working Group
URC	University Research Co., LLC



## **BACKGROUND**

Management Sciences for Health (MSH)/Rational Pharmaceutical Management Plus (RPM Plus) Project has received funds under the USG Emergency Plan for AIDS relief through USAID Namibia to provide technical assistance and support to strengthen the pharmaceutical management system of the Ministry of Health and Social Services (MoHSS) of Namibia in support of the scale up and expansion of the HIV/AIDS program. RPM Plus Namibia developed a strategy document<sup>1</sup> that guides efforts at working with MOHSS and other stakeholders to strengthen the pharmaceutical sector to ensure a strengthened pharmaceutical management system including access to quality pharmaceuticals and their rational use in order to support the scale-up of the HIV/AIDS programs. Since 2003, RPM Plus has been undertaking a number of activities and also providing TA to the MoHSS towards the achievement of these objectives.

### **Purpose of Trip**

Jude Nwokike, RPM Plus/Namibia Activity Leader is traveling to Windhoek, Namibia from 6-31 July 2006 with the following main objectives; to (1) manage the delineation of roles between RPM Plus/Namibia and Project for Supply Chain Management (PFSCM) (2) develop RPM Plus Namibia COP07 plans (3) Provide technical assistance and make presentations at the USG/Namibia Care and Treatment Workshop (4) submit due reports to USAID and (5) provide technical assistance to the MoHSS with the implementation of COP06 activities.

### **Scope of Work**

1. Manage the delineation of roles between RPM Plus/Namibia and Project for Supply Chain Management (PFSCM)
2. Meet with the RPM Plus/Namibia Project Steering Committee to plan for activities to be included in the COP07 Planning
3. Develop RPM Plus/Namibia COP07 plans and discuss same with USAID and other partners
4. Provide technical assistance and make presentations at the USG/Namibia Care and Treatment Workshop
5. Submit RPM Plus/Namibia final draft COP 07 proposals
6. Provide technical assistance to MoHSS with the set-up of the Therapeutics Information and Pharmacovigilance Center
7. Provide technical assistance to MoHSS with the strengthening of Therapeutics Committees
8. Provide technical assistance for the implementation of RPM Plus/Namibia activities including the Adherence, private sector, ART Commodity Tracking System

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<sup>1</sup> Rational Pharmaceutical Management Plus (RPM Plus) Program. 2005. *Strengthening the Pharmaceutical Sector of Namibia to Support the Scale-Up and Expansion of HIV/AIDS Programs: Strategic Plan 2004–2008*. Submitted to the U.S. Agency for International Development by the RPM Plus Program. Arlington, VA: Management Sciences for Health.

9. Develop Job description, advertise and conduct interviews for the position of a new Senior Program Associate for the RPM Plus/Namibia office
10. Debrief USAID

## **ACTIVITIES**

### **1. Manage the delineation of roles between RPM Plus/Namibia and Project for Supply Chain Management (PFSCM)**

Prior to the travel to Namibia, series of meetings were held in RPM Plus Arlington, Virginia office to anticipatorily determine a smooth and seamless transitioning of the objective #2 of RPM Plus/Namibia (supply chain activities) work plan to the Supply Chain Management System (SCMS) project if and when SCMS is engaged by USG/Namibia and MoHSS to work in Namibia. During the in-briefing with USAID, Jude Nwokike presented the proposed delineation of roles between RPM Plus/Namibia and the SCMS project to USAID. Refer to Annex 1 for the document used in the meeting with USAID; “HIV/AIDS Supply Chain and Pharmaceutical Management Programmatic Responsibilities.” USAID recommended that RPM Plus/Namibia and SCMS jointly meet MoHSS to explain the potential roles of SCMS. RPM Plus met with SCMS team upon arrival in Namibia to review the delineation document and agree on meeting with MoHSS. The RPM Plus/Namibia and SCMS team in conjunction with C. Kirk Lazell (USAID/Namibia HIV/AIDS Officer) and Dr. Tom Kenyon (CDC/Namibia Country Director) met with MoHSS team on Tuesday July 25<sup>th</sup>. Jude Nwokike updated MoHSS with RPM Plus/Namibia key activities including current needs for continuing technical assistance to the CMS/RMS with procurement, storage and distribution of medicines in Namibia. The SCMS project was introduced and made a presentation on what SCMS can offer in Namibia. The Under Secretary Department Health and Social Welfare Policy, MoHSS accepted the need for the SCMS project and asked the Acting Director of Tertiary Health Care and Clinical Support Services (THC&CSS) to work closely with SCMS project to further delineate the roles the project will be undertaking in Namibia.

RPM Plus/Namibia subsequently worked closely with the SCMS project to develop SCMS COP07 proposal to USAID.

### **2. Meet with the RPM Plus/Namibia Project Steering Committee to plan for activities to be included in the COP07 Planning**

The Project Steering Committee (PSC) constituted by MoHSS has the overall objective to monitor the implementation of the RPM Plus/Namibia project. The PSC has the following terms of reference from MoHSS;

- Oversee the implementation of the RPM Plus Namibia project
- Meet routinely, at least once a quarter.
- Review and make inputs into the RPM Plus work plans
- Provide quarterly update to MoHSS on implementation of the project

Preparatory to the drafting of COP07 work plans, RPM Plus/Namibia therefore requested a meeting of the PSC to allow the committee to make inputs into activities that are priority for MoHSS. The PSC met on Monday 10<sup>th</sup> July, 2006 at the RPM Plus/Namibia office in Windhoek. An initial draft of a proposed COP07 work plan was drafted and presented to the committee by Jude Nwokike. The committee members present reviewed the proposal and made valuable inputs. Some of the recommendations included the request for the prioritization of the updating of the Essential Medicines List, providing support for the proposed decentralization of ART services using the Integrated Management of Adolescent and Adult Illness (IMAI) model and more support for field supervisory visits. These activities were accommodated in the draft COP07 proposal sent to USAID.

### **3. Develop RPM Plus/Namibia COP07 plans and discuss same with USAID and other partners**

The first draft of the RPM Plus/Namibia FY07 Country Operational Plan (COP) proposal was submitted to USAID on July 11<sup>th</sup>, 2006. The submission highlighted that the budget provided was notional and will be revised before the final COP07 submission. Also submitted was the RPM Plus/Namibia Prime Partner Application for FY07 PEPFAR Funds cover sheet. USAID acknowledged these submissions and after review commented that the proposal was clear and concise description of the FY 07 proposed activities, budget and targets.

### **4. Provide technical assistance and make presentations at the USG/Namibia Care and Treatment Workshop**

The USG/Namibia in collaboration with MoHSS established the Technical Working Groups (TWG) to help with the consolidation of the FY07 COP planning. Jude Nwokike provided technical assistance and support to the ARV drugs subcommittee of the Clinical Care Services TWG and to the Home-Based Care (HBC), Orphan and Vulnerable Children (OVC) and Palliative Care TWG. The USG/Namibia team held the Care and Treatment Workshop from July 25-27, 2006. (Find detailed program in Annex 2). The Care and Treatment Workshop objectives were (1) to clarify gaps, opportunities and FY07 COP priorities across facility and community-based care and treatment areas which build an effective continuum of care and assist the planning and implementation by the Technical Working Groups; and (2) emphasize integration and implementation of the preventive care package of services across USG/Namibia care and treatment partners. During the Workshop, Jude Nwokike prepared and made the following presentations:

<b>Date &amp; Time</b>	<b>Session</b>	<b>Presentation Topic</b>
July 26 <sup>th</sup> , 9.30- 10.00	Decentralization of HIV/AIDS Care and Treatment Services in Namibia and Overview of IMAI Rollout	Situation of ARV & OI Medicines and plans & challenges of IMAI rollout in Namibia <sup>1</sup>
July 27 <sup>th</sup> , 9.30- 10.00	Effective Treatment Adherence Strategies in Namibia (facility, community and home based)	Effective Treatment Adherence Strategies in Namibia <sup>2</sup>

<sup>1&2</sup> refer to Annex 3 for the presentations.

### **5. Submit RPM Plus/Namibia final draft COP 07 proposals**

After the Care and Treatment Workshop the RPM Plus/Namibia COP07 draft proposal was update to reflect additional issues amongst which were:

- Support ongoing monitoring and supportive supervisory visits to ensure that treatment facilities adopt more patient friendly ART dispensing practices. Patients attending the treatment facilities communicable diseases clinic Pharmacy and whose prescriptions contain ARVs, Cotrimoxazole Prophylaxis Therapy (CPT) and Isoniazid Prophylaxis Therapy (IPT) will receive their medicines at the same CDC Pharmacy. TA will ensure that prescriptions are monitored so that all patients qualifying for CPT and IPT according to the Namibia guidelines receive these medicines. This will support the provision of the Preventive Care Package of the USG.
- Support the MoHSS decentralization plan for ART services using the IMAI model to 13 health centers and clinics
- Provide TA for Policy on selection of medicines for inclusion into the Palliative care medicines list and the Home based care (HBC) kits. This activity will result in greater access to medicines and improvement in care provided by all partners working in the areas of HBC and Palliative care
- Collaboration with partners, particularly the University Research Co, URC on activities for strengthening Therapeutics Committees (TC) in Namibia

The final RPM Plus/Namibia FY07 COP was submitted on Friday July 28, 2006.

### **6. Provide technical assistance to MoHSS with the set-up of the Therapeutics Information and Pharmacovigilance Center (TIPC)**

The Therapeutics Information and Pharmacovigilance Center (TIPC) implementation plan was

developed by RPM Plus/Namibia. Also an advocacy presentation was made to MoHSS for the setting up of the TIPC. MoHSS constituted the TIPC Implementation Working Group (IWG) and RPM Plus/Namibia is a member of the IWG. A meeting of the TIPC IWG was held on 28<sup>th</sup> July 2006 (Minutes attached as Annex 4). Jude Nwokike provided technical direction to the IWG. The meeting requested that he updates document on “TIPC implementation Plan for the setup of Therapeutics Information and Pharmacovigilance Centre in Namibia and include the Under Secretary’s comments and forward the final document to the TIPC IWG chairperson by the 19<sup>th</sup> August 2006.

### **7. Provide technical assistance to MoHSS with the strengthening of Therapeutics Committees**

RPM Plus/Namibia plan to provide technical assistance and support for the strengthening of selected Therapeutics Committees (TC) in Namibia. An implementation plan to guide the implementation of this activity has been drafted and is available at the RPM Plus/Namibia office. During the trip, Jude Nwokike was invited by the Erongo Regional Medical Team to participate and make presentation at the Therapeutics Committee meeting of the region. (Find invitation letter and agenda in Annex 5). The meeting was held on the 14<sup>th</sup> of July at the RMT conference room in Swakopmund. Jude Nwokike traveled to Swakopmund to provide technical assistance for the strengthening of the regional TC and also to:

- Sensitize the Erongo Region TC to reactivate their committee
- Support Erongo Region TC to plan for projects to implement to improve rational use in their district hospitals
- Make a presentation on “Strengthening Therapeutics Committees in Namibia- Erongo Region Meeting” (Find presentation attached as Annex 6)
- Donate 5 copies of the book; “Drug and Therapeutics Committees – A Practical Guide” to the Acting Director Erongo Region for distribution to the District TCs in the region

The trip was undertaken with Dr. Frantz Simeon; Chief of Party University Research Co. (URC). The URC is collaborating with RPM Plus/Namibia in strengthening Therapeutics Committees through work to improve injection safety practices and nosocomial infection control.

### **8. Provide technical assistance for the implementation of RPM Plus/Namibia activities including the Adherence, private sector, ART Commodity Tracking System**

Adherence: RPM Plus/Namibia had developed an implementation plan for the provision of technical assistance to support and improve adherence in Namibia. The overall objective of RPM Plus/Namibia adherence activities is to provide technical assistance and support to assess, harmonize and improve adherence strategies that are already in place in treatment facilities in Namibia. RPM Plus/Namibia is doing this through support to the Namibia Adherence Team that emerged from the regional Promoting Rational Drug Use (PRDU) course held in Namibia in 2005. The trip provided an opportunity for Jude Nwokike to provide support for the submission

of the protocol for the adherence survey study to the MoHSS Research Unit for review and approval.

Private sector: RPM Plus/Namibia in COP06 plan to provide technical assistance for the conduct an analysis of HIV/AIDS treatment costs for the public sector and private health insurance programs and subsequently develop interventions to reduce cost and improve pharmaceutical practices for beneficiaries of the schemes. During the trip Jude Nwokike convened and met with collaborators in the private sector activity implementation. (Refer to Annex 7 for minutes of the meeting).

ART Commodity Tracking System: During the trip Jude Nwokike held discussions with MoHSS representatives on finalizing the installation of the ART Commodity Tracking System. The ART Commodity Tracking System was designed to assist with the collation of national ART medicines consumption and using the data to develop quantification and projections for national needs.

#### **9. Develop Job description, advertise and conduct interviews for the position of a new Senior Program Associate for the RPM Plus/Namibia office**

The need for an additional Senior Program Associate position was discussed and agreed on by both USAID and the Project Steering Committee. The RPM Plus/Namibia office advertised the position locally in Namibia; this was additional to the adverts already carried at the MSH website and at other regional Newspapers. During the trip interviews were conducted for the position and the preferred candidate discussed with both MoHSS and USAID. The MoHSS requested for the drafting of a request for concurrence for the hiring of the preferred candidate. The concurrence of the MoHSS and USAID was obtained and the preferred candidate was contacted to accept the position.

#### **10. Debrief USAID**

A debrief session was held with the USAID on 31<sup>st</sup> of July to provide update on the trip. The debrief also provided an opportunity to address some of the additional questions that the Mission had with regards to the FY07 COP submission.

## **Collaborators and Partners**

- |                           |                                                                            |
|---------------------------|----------------------------------------------------------------------------|
| 1. 1. Dr. Norbert Forster | Under-Secretary, Department Health and Social Welfare Policy, MoHSS        |
| 2. Dinah Tjipura          | Acting Director, Tertiary Health Care and Clinical Support Services, MoHSS |
| 3. Ella Shihepo           | Director, Directorate of Special Programs, MoHSS                           |
| 4. Dr. Ndapewa Hamunime   | Directorate of Special Programs                                            |
| 5. Ira Shikwambe          | Directorate of Primary Health Care Services, MoHSS                         |
| 6. Dr. Philippe Tshiteta  | Acting Director, Erongo Region, MoHSS                                      |
| 7. Jennie Lates           | National Medicines Policy Coordination Subdivision, MoHSS                  |
| 8. C. Kirk Lazell         | USAID/Namibia HIV/AIDS Officer                                             |
| 9. 2. Sangita Patel       | USAID/Namibia deputy HIV/AIDS Officer                                      |
| 10. 3. Dr. Sharon Bloom   | Deputy Director CDC/Namibia                                                |
| 11. 4. Dr. Tom Kenyon     | CDC/Namibia Director                                                       |
| 12. Julie Chitty          | Regional HIV/AIDS Program                                                  |
| 13. Karin Turner          | Regional HIV/AIDS Program                                                  |
| 14. Dr. Frantz Simeon     | Chief of Party, URC                                                        |
| 15. Dr. Emad Aziz         | Chief of Party, IntraHealth, Capacity Project                              |
| 16. Dr. M. Kangudie       | Chief Medical Officer, Catholic Health Services                            |
| 17. Father Rick Bauer     | Director, Catholic AIDS Action                                             |
| 18. Dr. Amos Kutwa        | KNCV/TBCAP, Namibia                                                        |
| 19. Liz Stevens           | Chief of Party, ITECH                                                      |
| 20. Amaia Unzueta         | Medicos del Mundo, Kunene Region, Namibia                                  |
| 21. Rachel Basirika       | Medicos del Mundo, Erongo Region, Namibia                                  |
| 22. Dr. Bruce Agins       | Director, The HIVQUAL Project                                              |
| 23. Francis Aboagye-Nyame | Project for Supply Chain Management System (SCMS)                          |
| 24. Pascal Rite           | Pharmaceutical Control and Inspection (PC&I), MoHSS                        |

[List who you collaborated or met with, who your counterparts were, other consultants, or stakeholders.]

## **Adjustments to Planned Activities and/or Additional Activities**

The period of the trip was also used to manage the KNCV/TBCAP project which the local MSH office is providing administrative and financial management for the implementation. A meeting was held between MSH staffs, the national TB program and the KNCV/TBCAP country director.

## **NEXT STEPS**

- Finalize RPM Plus/Namibia FY07 COP to reflect additional inputs from USAID
- Provide technical assistance to guide USG/Namibia with allocation of funds for the procurement of ARVs under FY07 COP
- Finalize the Therapeutics Information and Pharmacovigilance Center (TIPC) implementation document and forward to MOHSS
- Establish baseline functioning of the Therapeutics Committees through the administration of indicators prior to interventions
- Develop data collection instruments and questionnaires for the private sector activities for review and adoption by collaborators
- Review questionnaires for the adherence survey data collection and send inputs to the Namibia adherence team
- Continued technical assistance and support to MoHSS for the development of pharmaceutical management activities to support the proposed ART decentralization activities using the IMAI model

### **Recommendations**

To address the challenges of improvement in quality and creating a continuum of care, to effectively meet the demands for more treatment facility based activities in addition to the support to the MoHSS planned decentralization, there is a need for more support and resources to the RPM Plus/Namibia office to ensure that the office meets expectations from both USAID, MoHSS and other stakeholders.



## **Annex 1.**

### **Namibia HIV/AIDS Supply Chain and Pharmaceutical Management Programmatic Responsibilities**

MSH/RPM Plus works in Namibia to strengthen Pharmaceutical management for the delivery of ART programs. Since March 2004 RPM Plus has provided technical assistance and support to MoHSS and its units primarily Pharmaceutical services division, CMS/RMSs, Directorate of Special Programs and treatment facilities to ensure that pharmaceutical management issues in ART programs are addressed.

With the advent of the Partnership for Supply Chain Management System (SCMS) we have been discussing identified gaps in the supply chains aspects of pharmaceutical management for possible roles for the SCMS project. On the overall level, RPM Plus will recommend that potential roles for the SCMS will be to provide support to ensure continued effectiveness of CMS in conducting procurements, maintaining adequate storage and security conditions, implementing new information systems and procedures and ensuring efficient distribution systems. Please refer to the table below for details on the proposed delineation of roles between RPM Plus and the SCMS project in Namibia. Note that the shaded columns refer to new areas that need attention.

Please note that RPM Plus and SCMS technical and management staff continue to discuss the roles of each program, within their project mandates. This is to ensure continuum and synergy between the two programs in strengthening pharmaceutical management systems in Namibia.

<b><u>ACTIVITY</u></b>	<b><u>LEVEL</u></b>	<b><u>LEAD ORGANIZATION</u></b>
Provide TA in quantification and forecasting national HIV/AIDS commodity needs for PEPFAR	National	SCMS
Provide TA for Storage and Security Conditions at Central and Regional Medical Stores.	CMS/RMSs	SCMS
Provide TA to strengthen commodity management policies and procedures for Central and Regional Medical Stores	CMS/RMSs	SCMS
		(RPM Plus will coordinate transition)
Continue to maintain adequate functioning of Improved Inventory Management Information Systems at Central and Regional Medical Stores (SysPro)	CMS/RMSs	SCMS
		(RPM Plus will coordinate transition)
Procure HIV/AIDS commodities (Lab?) using PEPFAR funds (if requested by USG)	National	SCMS
Strengthen lab logistics	National	SCMS
Monitor the pipeline of in-coming HIV/AIDS commodities	National	SCMS
Work with local partners on importation, documentation, customs clearance and registration of HIV/AIDS commodities	National	SCMS
Monitor the in-country national pipeline of HIV/AIDS commodities	National	SCMS
Coordinate the distribution of HIV/AIDS commodities in country	CMS/RMSs	SCMS
Strengthen HIV/AIDS commodity quality assurance	National	SCMS
Support the roll-out of the ART Commodities Tracking system (ACTS)	Treatment facilities	RPM Plus
Provide TA for the development of pharmaceutical standard operating procedures for HIV/AIDS service delivery sites	Treatment facilities	RPM Plus
Provide TA and training in pharmaceutical management (illustrative list) for the service delivery sites:	Treatment facilities	RPM Plus
· Stock-keeping		
· Inventory control		
· Storage including cold chain		
· Record keeping and reporting		
· Standard Operating Procedures (SOPs)		
· Basic knowledge on HIV/AIDS medicines		
· Adherence monitoring		
· Dispensing practices		
Provide TA and support for establishing a process for ongoing monitoring and supervision of pharmaceutical management at service delivery sites	Treatment facilities	RPM Plus
Provide TA for the strengthening of Therapeutics Committees	Treatment facilities	RPM Plus

<b><u>ACTIVITY</u></b>	<b><u>LEVEL</u></b>	<b><u>LEAD ORGANIZATION</u></b>
Provide TA for the development and implementation of adherence monitoring and measurement strategies	Treatment facilities	RPM Plus
Provide TA in the promotion and monitoring of ART rational use and dispensing practices	Treatment facilities	RPM Plus
Provide TA for the Pharmaceutical management of the decentralization of ART services	Treatment facilities	RPM Plus
Provide TA to Community Counselors and CBOs for treatment adherence and monitoring of patients on ART	Treatment facilities	RPM Plus
Provide TA for the development and implementation of pharmaceutical strategies in support to the Private and the Health Insurance sector	National	RPM Plus
Provide TA to strengthen the pharmaceutical policy environment including:	National	RPM Plus
· TA for the implementation of the Medicines Information, Pharmacovigilance and ADR systems		RPM Plus
· Support to committees charged with guidelines development for HIV/AIDS and other medicines		RPM Plus
· Strengthen Medicines Control Council		RPM Plus
· Support to PMIS Task Force		RPM Plus



## Annex 2. Care and Treatment Workshop Agenda

Care & Treatment Week Agenda  
Care & Treatment Workshop, July 25-27, 2006  
Catholic Health Services, 17 Jan Jonker Street, Windhoek, Namibia



**Meeting Objective:** (1) To clarify gaps, opportunities and FY07 COP priorities across facility and community-based care and treatment areas which build an effective continuum of care and assist the planning and implementation by the Technical Working Groups; and (2) emphasize integration and implementation of the preventive care package of services across USG/Namibia care and treatment partners.  
**Meeting Outcomes:** Summary of recommendations which can be easily utilized and integrated into partner plans for FY07 COP.

DAY 1	Tuesday, July 25
	<b>TOPIC: HIV/AIDS Clinical Care and Community Care</b>
Time	Session
8:30-8:45	<b>Welcome and Opening Remarks</b> --US Ambassador, Joyce Barr --Ms. Ella Shubepo, Director, Directorate of Special Programs, MOHSS
8:45-9:15	<b>Report back on PEPFAR Annual Conference</b> --Dr. Sharon Bloom, CDC- Namibia --Ms. Sangita Patel, USAID- Namibia
9:15-9:20	<b>Overview of Emergency Plan Reference Documents</b>
9:20-9:30	<b>Purpose, Objectives and Outcomes of Care and Treatment Week</b> - Ms. Karin Turner, USAID Regional HIV/AIDS Program
9:30-10:00	<b>Overview of the Preventive Care Package for Adults and Children</b> --Dr. Bob Ferris USAID Washington, Dr. Matt Barnhart USAID- Washington and Ms. Julie Chitty, USAID Regional HIV/AIDS Program
10:00-10:30	<b>Discussion and Brainstorming on Implementation of Elements of the Preventive Care Package Across All USG Care and Treatment Partners</b>

10:30-10:45	<b>Tea/Coffee Break</b>
10:45-1:00	<b>Essential Clinical Care Services for PLWHA (adults and children):</b> Presentations from Members of the 4 Clinical Care Services Technical Workgroups and Group Discussion (1) Clinical Palliative Care - Ms. Wilhelmina Kafitha, MOHSS, DSP, OI and Palliative Care Advisor (2) TB/HIV - Dr. Kutwa, MOHSS/KNCV TB (3) PMTCT - Dr. Magari, CDC-MOHSS (4) Counseling/Testing - Ms. Sara Fuller, MOHSS, VCT
1:00-2:00	<b>Lunch</b>
2:00-2:30	<b>The Distinctions Between Facility and Community-Based Supportive Care and Palliative Care Service Delivery</b> -- Ms. Julia Downing and Ms. Sambulo Mlewananzi, African Palliative Care Association
2:30-3:00	<b>Quality Community-Home Based Care in Namibia</b> -- Ms. Ira Shikwambe, MOHSS, Division of Primary Health Care -- Ms. Julie Chitty, USAID Regional HIV/AIDS Program
3:00-3:45	<b>Essential Community-Home Based and Palliative Care Services for PLWHA (adults and children):</b> Presentations from members of the HBC/OVC/Palliative Care Technical Workgroup and Group Discussion -- Father Rick Bauer, Catholic AIDS Action
3:45-4:00	<b>Tea/Coffee Break</b>
4:00-4:45	<b>Essential OVC Services:</b> Presentations and Discussion from members of the HBC/OVC/Palliative Care Technical Workgroup. --Mr. Nelson Prala, Acting Director, Project Hope
4:45-5:20	<b>Discussion and Brainstorming on Day 1</b>
5:20-5:30	<b>Closing Remarks for Day 1</b>

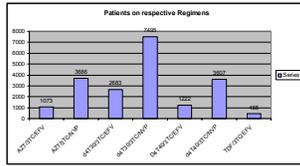
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DAY 2	Wednesday, July 26 <b>TOPIC: Decentralization of HIV/AIDS Care and Treatment Services and Systems Strengthening to Deliver Quality Care and Treatment</b>
8:30-9:00	Overview and Summary of Day 1 – Karin Turner, USAID Regional HIV/AIDS Program
9:00-10:00	Decentralization of HIV/AIDS Care and Treatment Services in Namibia and Overview of IMAI Rollout -- Dr. Hamunime, MOHSS, Case Management -- Mr. Jude Nwolikhe, Chief of Party, MSH- Rational Pharmaceutical Plus Program
10:00-10:30	HIV/AIDS Capacity Development of Health Care Workers in Namibia -- Ms. Liz Stevens, Director- ITECH
10:30-11:00	Role of CBCs in Supporting Facility-based Treatment Programs -- Ms. Cordelia, OXFAM Canada
11:00-11:30	Tea/Coffee Break
11:30-1:00	Discussion on Decentralization and IMAI rollout with partners: Training and Skill Development to Strengthen Delivery of Quality Care in Namibia -HBC, OVC and Community Palliative Care partner presentations on their training and skill development packages, training standards and tools. Note: partners to bring a sample copy of their training materials for display
1:00-2:00	Lunch
2:00-3:45	Building Effective Bi-Directional Referrals for PLWHA and OVC: - Facility-based referrals - Dr. E. Aziz, Intrahealth/Capacity Project and Dr. Kangudie, Catholic Health Services - Community and home-based palliative care referrals - APCA - OVC referrals - Project Hope - Counseling/testing referrals - SMA
3:45-4:00	Tea/Coffee Break
4:00-5:20	Discussion and Brainstorming on Day 2
5:20-5:30	Closing Remarks for Day 2

DAY 3	Thursday, July 27 <b>TOPIC: Antiretroviral Treatment Hot Topics and Care and Treatment Priorities for FY07 Planning</b>
8:30-8:45	Overview and Summary of Day 1 and 2 – Karin Turner, USAID Regional HIV/AIDS Program
8:45-9:30	Technical Workgroup Presentation and Discussion: Antiretroviral Treatment -- Dr. Bruce Agins, Director, The HIVQUAL Project
9:30-10:30	Effective Treatment Adherence Strategies in Namibia (facility, community and home based) -- Mr. Jude Nwolikhe, Chief of Party, MSH- Rational Pharmaceutical Plus Program Role of PLWA in Adherence Support -- Ms Kanjoo and Ms. Kaino, Lironga Eparu
10:30-10:45	Tea/Coffee Break
10:45-11:45	Discussion on Antiretroviral Treatment Issues
11:45-12:45	Review of Key Gaps and Priorities for Technical Workgroup FY07 Planning
12:45-1:00	Fill out Care and Treatment Week Evaluation Final Closing Remarks
1:00-2:00	Lunch
2:00	End of the Workshop- Departures



### Situation of ARV & OI meds (2)



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### Situation of ARV & OI meds (3)

- Rational use seem to be a problem (9 pts on D4T/DDI combination), Pregnant women came back with NVP after delivery, storage not studied
- No ADR reporting system
- No tracking of trends in switch due to non-adherence, side effects, toxicity or lack of virological suppression
- Patient tormented by multi dispensing units
- Duration of secondary prophylaxis not complied

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### IMAI Rollout

- Key to the success of the IMAI ART decentralization model is:
- Task shift or skills transfer
  - Simplification of patient follow-up
  - Delocalization of stabilized patients
  - Self management skills
  - Outreach strategy
- To achieve this we must strengthen quality and build a continuum of care

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### Pharmaceutical management plans to support IMAI rollout (1)

- Policy change for Nurse refill of ART medicines for stabilized patients
- Training:
  - ~ Nurses in health center/Clinics in (pharmaceutical mgmt: Inventory control, SOPs, Adherence, Documentation)
  - ~ HBC/CBOs on (how to store meds, adherence, PIL, S/c)
- Introduction of these modules into the NHTC

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### Pharmaceutical management plans to support IMAI rollout (2)

- Strengthening systems for delivery of ARV, OIs and Palliative care medicines to Health centers and Clinics
- Strengthening systems for ARV, OIs and Palliative care medicines inventory control at Health centers and clinics
- Setting up systems for adherence monitoring and reporting on side effects

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### Experiences

- Malawi (2 Health centers in Mid 2005)
- Botswana (Clinics as ART Satellites from early 2004)
- Community based ART pilots
- RPM South Africa technical assistance for shift of ART medicine dispensing to local primary health care facilities

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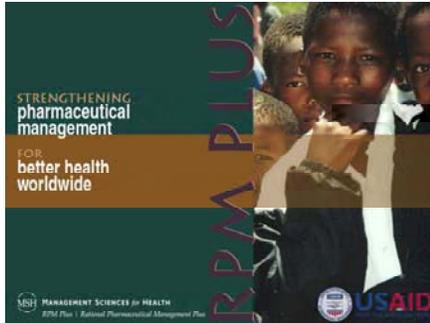
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## Namibia Adherence activities presentation- Care & Treatment Workshop



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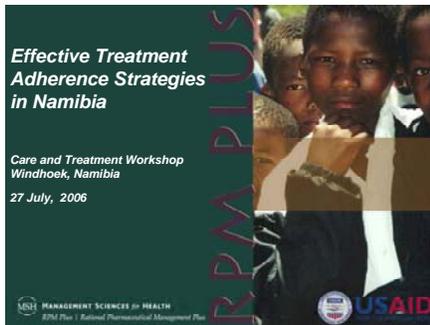
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**Presentation Outline**

- What Guidelines recommend and why
- Challenges to optimal Adherence
- Namibia ART Adherence strategies
- Interventions to improve Adherence
- Way forward



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It is of key public health importance that the durability of the current regimens is guaranteed through prescriptions in accord with national guidelines and through adherence on the part of patients



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**What Guideline recommends**

- HAART should not be started at the first clinic visit. A period of education and preparation to try to maximize future adherence is important.
- Once therapy has begun, continued monitoring of adherence and ongoing patient education are essential
- Measurement: Pill count, Validated patient questionnaires, DART



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**Evolving field**

Challenges:

- Measurement is critical
- Metrics/Pharmionics
- No gold standard Adherence measure
- CHARM trial- High adherence, even if to placebo, was associated with a 35% lower mortality than low adherence in patients with CHF

*'Without formal assessment, providers are unlikely to accurately identify adherent and non-adherent patients, missing the opportunity for reinforcement and constructive interventions respectively'*

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**Namibia ART Adherence activities (1)**

**Conduct surveys:**

1. to identify correlates of adherence
2. identify current adherence intervention practices

↓

**Conduct Workshops:**

1. to disseminate survey findings
2. to develop national standards for measuring and increasing Adherence
3. to design interventions to improve adherence

↓

**Piloting interventions**

**RPM Plus**  
Provides TA and support to assess, harmonize and improve adherence strategies that are already in place

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**Namibia ART Adherence activities (2)**

- Pre-survey workshop conducted
- Survey instruments developed and protocol submitted to MoHSS
- Survey dissemination planned for Sept 06
- Development of standards (measurement, cost-effective interventions)
- MSH/RPM Plus AMR Portfolio support

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### Namibia ART Adherence activities - Deliverables

- Available national baseline data on correlates of adherence
- Available national baseline data on current adherence intervention practices
- Available national standards for measuring and monitoring adherence
- Available national strategies for improving adherence

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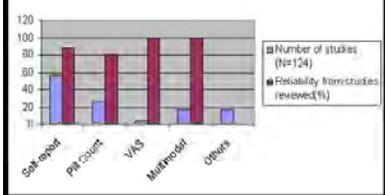
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### Interventions to improve Adherence

Reliability of Tools for predicting Adherence




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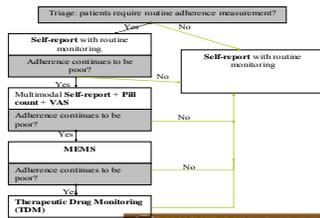
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### Proposed algorithm for the use of adherence measurement tools




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## Interventions to improve Adherence – Review of evidence (2)

Fogarty categorization:

- Cognitive-behavioral (Knowledge and counseling)
- Behavioral (Use of tech devices, financial incentives)
- DOT
- Affective (Social support)

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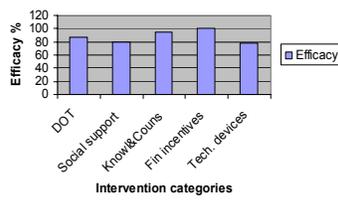
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Efficacy of intervention categories



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## Immediate intervention

- There is a simple intervention we can employ now!
- Generate daily refill list to trigger defaulter tracing
- Daily refill list can be generated manually or using the ART Dispensing Tool
- HCW alerts Counselors to follow up on patients

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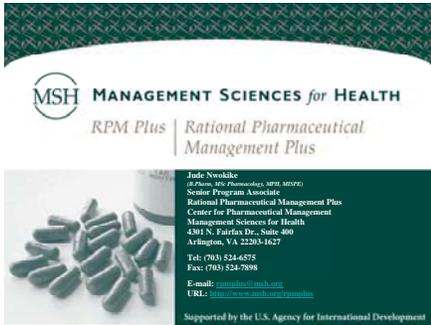
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## Annex 4.

### Minutes of the TIPC Implementation Working Group Meeting



#### MINUTES OF THE TIPC WORKING GROUP

**VENUE:** Division of Pharmaceutical Services, MOHSS in Windhoek  
**DATE:** 28<sup>th</sup> July 2006  
**TIME:** 9hrs00

#### 1. MEMBERS PRESENT:

Ms. Dinah Tjiho, MOHSS - **Chairing**  
Mr. J. Gaeseb, Pharmaceutical Services MOHSS  
Dr. Ndapewa Hamunime, Senior Medical Officer Case Management, Directorate of Special Programmes MOHSS  
Ms. Amaia Unzueta, Medicos del Mundo Kunene Coordinator  
Ms. Rachel Basirika, Medicos del Mundo Erongo Coordinator - **Secretary**  
Mr. Jude Nwokike, Senior Technical Associate, Rational Pharmaceutical Management, RPM Plus, Management Sciences for Health, MSH  
Ms. Liz Stevens ITECH

#### 2. OPENING:

The chairperson, Ms. Dinah Tjiho, did the opening of the meeting and she welcomed members to the meeting.

The members present agreed that the minutes were to be taken by the development partners on a rotational basis (Mdm, ITECH and MSH)

For this particular meeting Mdm volunteered to do the minutes again which made it three consecutive meetings where Mdm was taking the minutes.

For the next three months therefore it was agreed that MSH would do the minutes and then ITECH will also do it for three months.

Afterwards it will be rotated every meeting.

#### 3. AGENDA:

1. Attendance and apologies
2. Additions to/adoption of the agenda

3. Corrections to/adoption of the minutes of the previous meeting
4. Matters arising from the minutes of the previous meeting
5. AOB
6. Date of next meeting

**2.1. Apologies:**

Ms. Jenni Lates - Pharmaceutical Services MOHSS.

2.2. Members agreed with the above agenda and no additions were made.

**3.1. REVIEW OF PREVIOUS MINUTES AND CORRECTIONS:**

Members reviewed the minutes and there were no corrections to the minutes

**3.2. CONFIRMATION OF PREVIOUS MINUTES:**

The members present confirmed the minutes to be a true reflection of what was discussed in the meeting of June 2006.

**4. MATTERS ARISING:**

*Membership to the TIPC meetings*

The meeting agreed that Ms. Tjiho as the chairperson was to send monthly memos to all Directorates involved in the TIPC to remind them of the monthly meetings.

Ms. Tjiho was also to brief all the heads about the monthly TIPC meetings to make them aware of the activity and to enable the release of staff involved to attend the monthly meetings.

She is also to ensure that the Permanent secretary for the MOHSS signs the nomination letters for staff to these meetings.

**Membership and TOR of TIPC Implementation Working Group**

**Membership:**

Below are some of the names suggested and the various Divisions that should have representation on the committee:

- Representative of Therapeutic Committees – Mr. Rushobindza
- National ARV Technical Advisory Committee – will be asked to nominate a representative
- Directorate of Special Programmes - Dr. Goraseb and Dr. Hamunime
- Tertiary Health Care and Clinical Support Services
- Division of Pharmaceutical Services - Ms. Jenni Lates (Medicines Policy Coordinator)
- Human Resources – Human Resource Manager Nashixwa

- Windhoek Central Hospital - Dr. Kandhi-Shimi
- The two doctors currently being trained in Spain
- Medicine Control Council (MCC) – Mr. Gaeseb
- Management Sciences for Health - Mr. Jude Nwokike or senior programme Assistant in charge of TIPC
- Medicos Del Mundo - Ms. Amaia Unzueta and Ms. Rachel Susan Basirika
- I-TECH – Liz Stevens and Dr. Mark Netherda

**TOR of TIPC Working Group:**

Members who had already reviewed the TOR had no further input on the function but made some inputs on the membership and purpose of the TIPC as explained already and below.

**Location of the TIPC:**

The meeting agreed that for now the location of the TIPC was not yet definite although the WCH is still the favourable place.

**Functions of the TIPC:**

Ms. Stevens suggested that the purpose of the TIPC should mention specifically that it will be

- An information centre
- A centre that will answer HIV/AIDS queries
- A therapeutic resource centre

The members also suggested that ITECH should look at the existing TIPC document and include suggestions of how the initiatives of TIPC and the suggested ITECH call centre will work together.

The feed back on this will be distributed by ITECH to all members via email by the 12<sup>th</sup> August 2006.

**Staffing of the TIPC:**

Ms. Stevens from ITECH suggested that an input from all members on the TOR for the personnel for the position of a coordinator for the TIPC is required.

The meeting suggested that the chairperson should write to the development partners on the issue of how many personnel will be requires so as to enable the partners to start soliciting funds from their donors.

However the chairperson reminded the meeting that this is only possible after the TIPC document has been approved by the PMDRC

Mr. Jude Nwokike of MSH was tasked to finalise the document including Dr. Foster's comments and forward it to the chairperson by the 19<sup>th</sup> August 2006.

The chairperson will ensure that the document reaches Dr. Foster's office by the 21<sup>st</sup> August 2006.

**5. Date of next meeting:**

The next meeting will to a big extent depend on the feed back from Dr. Foster after reviewing the document.

Date: 25th August 2006

Place: MSH Conference Room, Klein Windhoek

Time: 9hrs00

## **Annex 5.**

Erongo Region Therapeutics Committee Meeting

### **MINISTRY OF HEALTH AND SOCIAL SERVICES DIRECTORATE: ERONGO REGION**

#### **NOTICE OF A MEETING**

You are hereby invited to attend a meeting on strengthening of therapeutics Committees in the Region.

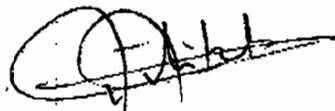
**DATE: 14<sup>TH</sup> JULY 2006**

**TIME: 11H30**

**VENUE: RMT CONFERENCE ROOM**

#### **AGENDA:**

1. Opening and welcoming.
2. Apologies.
3. Introduction of participants.
4. Introduction of the officials from MSH.
5. Presentation on the strengthening of therapeutics Committee by MSH officials.
6. Donation of books.
7. A.O.B.
8. Closing of the meeting.



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**DR. P.S.K. TSHITETA  
ACTING DIRECTOR  
ERONGO REGION**



REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

**DIRECTORATE: ERONGO REGION**

Enquiries: Dr P.S.K. Tshiteta

Office of the Director  
Directorate Erongo Region  
Private Bag 5004  
Tel.: 064-4106005  
Fax.: 064 - 4106002

**OFFICE OF THE DIRECTOR**

E-mail: [rmteron@mhss.gov.na](mailto:rmteron@mhss.gov.na)

Swakopmund

07 July 2006

To: Mr Jude Nwokike  
MSH Country Team Leader  
P.O. Box 90027 Fax: 061-220361  
WINDHOEK

Dear Sir,

**RE: YOUR VISIT TO ERONGO REGION 20-21 JULY 2006**

As you know, we are fully focused on the Polio Mass Vaccination Campaign preparations for Round 2.

However, looking at the importance of Therapeutic Committees our settings and all its benefits, taking into account our respective timetables and after the discussion with you today, we have to hold the meeting on Friday 14 July 2006 from 1100hrs - 13h00 at our Regional Office in Swakopmund.

The participants will be the RMT members, all the PMO's and the Matrons, and possibly, Pharmacist Assistants; which comes to around 20 people.

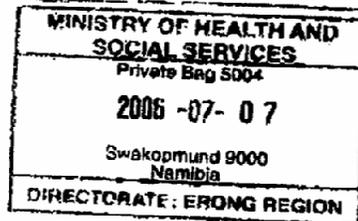
Since the meeting will be going up to lunch hour, we expect as agreed upon your organization to provide lunch.

We thank you for your support to Erongo Region.

Yours sincerely

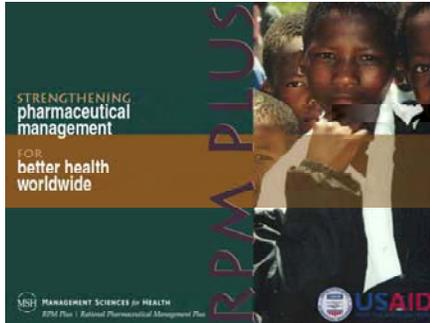
**DR P.S.K. TSHITETA  
ACTING DIRECTOR**

cc: PS,  
Reg. Pharm.,  
DCC



*Forward with Health for all Namibians by the Year 2005!*

## Annex 6. Strengthening TCs in Namibia- Erongo Region



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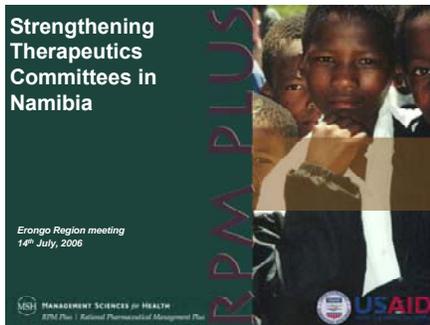
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In Collaboration with:

**URC/Namibia**



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What about it?

- What is a Therapeutics Committee (TC)
- Why have one
- So what???



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Introduction (1)

- Drug and Therapeutics Committees (DTC) working in hospital settings provides a forum to bring together all the relevant people to work jointly to improve health-care delivery
- DTC is a tool for promoting more efficient and rational use of medicines
- According to WHO a DTC is a committee designated to ensure the safe and effective use of medicines



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**Introduction (2)**

- DTCs are well-established in industrial countries as a successful way of promoting more rational, cost-effective use of medicines in hospitals
- In developed countries DTCs have been shown to be very effective in safeguarding and promoting efficient and rational use of medicines.<sup>[1]&[2]</sup>

[1] Crawford S, Searle JF (1954) A 10-year national survey of pharmaceutical services in federal hospitals - 1943. *American Journal of Hospital Pharmacy* 51: 2177-2185.  
[2] Wessels LM, Straka C (1986) Drugs and Therapeutics Committees in Australia: expected and actual performance. *British Journal of Clinical Pharmacology* 42(5): 551-557

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**Must we have one?**

Ministry of Health and Social Services (MoHSS) instructed that every District and Referral Hospital must have an active Therapeutics Committee.<sup>[3]</sup>

[3] Circular 19 of 2002 from the Office of the Permanent Secretary, 9th August 2002

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**We tried before and it failed!**

- When was the last meeting
- Did we ever did any project
- Do we not have rational drug use problems
- Do we know of our drug use statistics; what is the # of injections/prescription?

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Reasons for failure of TCs

- ?
- ??
- ???

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Reasons for failure

- Lack of dedicated time for members to undertake TC activities
- Lack of effective leadership for TCs
- Lack of awareness of medicines use problems or interest to address these problems
- Lack of awareness of what a TC could do to address medicine use problems
- Lack of support from senior authority

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If revitalized we can ...

- ensure that only efficacious, safe, cost-effective and good quality medicines are used
- ensure the best possible drug safety through monitoring, evaluation and thereby preventing, as far as possible, adverse drug reactions (ADRs) and medication errors
- develop and implement interventions to improve medicines use by prescribers, dispensers and patients; this will require the investigation and monitoring of medicines use.

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**There is now support!**

- RPM Plus & URC under the country operational plan for 2006 plan to provide technical assistance for the strengthening of Therapeutics Committees (TCs)




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**Steps for strengthening TCs in Namibia**

- Hold sensitization meeting
- Donate books on *Drug and Therapeutics Committees – A practical Guide*
- Conduct TCs needs assessment (identify aspects not working and investigate reasons)
- Provide technical assistance to TCs to address identified needs or develop projects
- Introduce TCs to Therapeutics Information and Pharmacovigilance Center (TIPC)
- Provide technical assistance and support to monitor the implementation of an identified TC project




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**Needs Assessment**

- What must be done to ensure our TCs function at optimal level:
  - ...
  - ...
  - ...
  - ...




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### Potential TC projects (1)

- Inventory management to avoid stock-outs
- Drug utilization reviews
- DDD/Cost
- Prescription Event Monitoring
- Reduction in patients waiting time to receive services
- Monitoring Adherence to ART treatment
- Drug Bulletin

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### Potential TC projects (2)

- Improvements in ADR reporting
- Compliance to Treatment Guidelines
- ABC/VEN/Top 10 drugs
- Antibigram
- Improvement in dispensing practices
- Additions/deletions to treatment guidelines

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### DDD Calculation

Find out total amt of meds used/procured in 1yr/units/strength	Yr amt of Methyldopa used by a hospital covering population of 2M 25,000Tabs of Methyldopa 250mg 3,000Tabs Methyldopa 500mg
Calculate the total qty consumed in 1Yr	$= (25,000 \times 250\text{mg}) + (3,000 \times 500\text{mg})$ $= 7,750,000\text{mg} (7,750\text{g})$
Divide the total qty by the assigned DDD for that med	Methyldopa assigned DDD=1g # of DDDs of Methyldopa consumed $= 7,750/1\text{g} = 7,750 \text{ DDD}$
Divide total qty by # of patients or population	Annual consumption of Methyldopa $= 7,750 \text{ DDD}/2\text{M}$ $= 3,875 \text{ DDD}/1,000 \text{ inh/yr}$

10 Holloway K and Green T. (2003) Drug and Therapeutics Committee - A Practical Guide. World Health Organization (WHO) in collaboration with Management Sciences for Health (MSH). WHO/CDS/PPI/03.00

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