

## **HIV/AIDS Pharmaceutical Management Training for Pharmaceutical Officers in Namibia, February 12<sup>th</sup> to 25<sup>th</sup>, 2006: Trip Report**

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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.

## **Recommended Citation**

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## **Key Words**

ART, Pharmaceutical Management, Namibia, HIV/AIDS. Quantification, Forecasting.

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## ACRONYMS

AIDS	acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARVs	antiretrovirals
DPS	Division of Pharmacy Services
HIV	Human immunodeficiency virus
MoHSS	Ministry of Health and Social Services
MSH	Management Sciences for Health
NHTC	National Health Training Center
RPM Plus	Rational Pharmaceutical Management Plus
SOPs	Standard Operating Procedures
TA	Technical assistance
ToT	Training of trainers
USAID	United States Agency for International Development
USG	United States Government



## **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. Since 2003, RPM Plus has been undertaking a number of activities and also providing TA to the MoHSS towards the achievement of the above stated goal.

MSH/RPM Plus as part of its mandate to strengthen pharmaceutical management for an effective delivery HIV/AIDS services planned an activity to train pharmacy personnel on HIV/AIDS pharmaceutical management to improve their skills in pharmaceutical management to meet the challenges of the scale up of the HIV/AIDS programs.

MSH/RPM Plus therefore developed generic modular training materials for pharmaceutical management for HIV/AIDS programs. These materials will be adapted for use in training pharmaceutical personnel and other health care workers in Namibia to improve pharmaceutical management in health facilities. The goal of this training is to ensure the efficient and effective supply and use of ART medicines and related commodities required in an ART program.

### **Purpose of Trip**

Laila Akhlaghi traveled to Windhoek, Namibia to conduct a Pharmaceutical Management for HIV/AIDS Programs TOT.

### **Scope of Work**

Laila Akhlaghi has been involved in the RPM Plus Namibia project since its inception and is primarily responsible for backstopping the technical activities aimed at improving pharmaceutical management at the clinic level and quantification of ARV requirements. She was involved in the drafting of the SOPs for dispensing ARVs, counseling for adherence, and the facility level ARV quantification workbook, which will form the basis of the Pharmaceutical management for HIV/AIDS training to be conducted in February. Specifically Laila will:

- Lead the development and adaptation of RPM Plus training materials to suit the Namibia situation in collaboration with the Division of Pharmaceutical Services, Directorate of Special Programs, National Health Training Center and Field Office personnel
- Lead the coordination of and conduct a training of trainers program for HIV pharmaceutical management
- In collaboration with MoHSS, finalize the facility ARV quantification tool and SOPs for ARV dispensing and adherence counseling
- In and out briefing of USAID as required



## ACTIVITIES

- Lead the development and adaptation of RPM Plus training materials to suit the Namibia situation in collaboration with the Division of Pharmaceutical Services, Directorate of Special Programs, National Health Training Center and Field Office personnel

The Generic RPM Plus training materials for the HIV/AIDS Pharmaceutical Management Training were sent to the RPM Plus office in Windhoek Namibia months prior to Laila Akhlaghi's trip. The RPM Plus staff in Namibia divided the training materials amongst the RPM Plus and DPS staff for adaptation to the Namibia setting and a local adaptation workshop was held on February 2<sup>nd</sup> and 3<sup>rd</sup>, 2006 at Heja Lodge near Windhoek. For further information on this please refer to *HIV/AIDS Pharmaceutical Management Training for Pharmaceutical Officers in Namibia: Training Report*.<sup>1</sup> The bulk of this work had been completed prior to the trip. During the training of trainers (ToT), further adaptation of the materials were identified and completed.

- Lead the coordination of and conduct a training of trainers program for HIV pharmaceutical management

Training of trainers was conducted on the 16<sup>th</sup> and 17<sup>th</sup> of February, 2005. The introduction and sessions were reviewed with the trainers. The particularly difficult sessions were presented by the presenter responsible for that session and comments were received by other facilitators. Certain sessions were identified for needing further adaptation and handouts for printing were identified. For further information on this, please refer to *HIV/AIDS Pharmaceutical Management Training for Pharmaceutical Officers in Namibia: Training Report*.<sup>1</sup>

- In collaboration with MoHSS, finalize the facility ARV quantification tool and SOPs for ARV dispensing and adherence counseling

The facility ARV quantification tools (both excel and the workbook versions) were finalized during this trip and the workbook was used in the HIV/AIDS Pharmaceutical Management Training in the quantification session to train the participants.

The SOPs for ARV dispensing and adherence counseling had been revised prior to this trip and had been shared with the MoHSS pharmacists for use. During the HIV/AIDS Pharmaceutical Management Training time was set aside for feed back on the revised version of the ARV SOPs. Comments were documented and plans were made for the RPM Plus/Namibia and DPS staff with assistance from RPM Plus/Arlington to review these comments and revise SOPs.

- In and out briefing of USAID as required

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<sup>1</sup> Nwokike, J. 2006. *HIV/AIDS Pharmaceutical Management Training for Pharmaceutical Officers in Namibia: Training Report*. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health

USAID did not request briefing or debriefing.

### **Collaborators and Partners**

A complete list of training participants is attached in Annex 1.

National Health Training Center (NHTC): Emelys Kawerama, Hiskia Lea-Glenda and Frieda Katuta

MoHSS: Johaness Gaeseb, Mulenga Lwansa, R. Idris, Margaret Ngororo and Jenni Lates.

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

Laila Akhlaghi conducted the training of selected sessions in the HIV/AIDS Pharmaceutical Management Training. The sessions which Ms. Akhlaghi trained are listed in Annex 2 (Training agenda).

## **NEXT STEPS**

### **Immediate Follow-up Activities**

RPM Plus/Namibia staff in collaboration with the Division of Pharmaceutical Services and National Health Training Center plans to further develop and finalize the RPM Plus training materials. Notes taken by Ms. Akhlaghi during the training will be used as a guide to assist in the adaptation of the Namibia materials as well as adaptation of the original HIV/AIDS Pharmaceutical Management training. These are attached in Annex 3.

Comments received by the participants on the ARV SOPs will be used to revise and rewrite the SOPs for easier and more complete use.

### **Recommendations**

Finalize adaptation of RPM Plus training materials to suit the Namibia situation. Detailed recommendations for changes to Namibia materials as well as the original HIV/AIDS Pharmaceutical Management training are attached in Annex 3.

Consideration should be given to incorporation of the ARV SOPs into a document with all SOPs required for pharmaceutical management and practice at health facilities.



## ANNEX 1. LIST OF PARTICIPANTS

### List of Participants

<u>Nos</u>	<u>Name</u>	<u>Duty station</u>
1	J. Lates	Pharmaceutical Services
2	R. Idris	Pharmaceutical Services
3	D. Sheehama	CMS
4	Monika Iilonga	CMS
5	Elina Veijo	CMS
6	Mulenga Lwansa	Windhoek Central Hospital
7	Jackie Mlambo	Katutura State Hospital
8	Akufuna Inyambo	Windhoek Central Hospital
9	Kennedy Kambyambya	Erongo
10	Otto Tuyeni	Swakopmund Hosp
11	O.C. Udeagha	Walvis Bay Hospital
12	Nico Rutjani	Omaruru Hospital
13	Nickson Muwira	St Mary's Hosp Rehoboth
14	Andy Anderson	Karas
15	S. O. Eixas	Keetmanshoop Hosp
16	J. Naobeb	Luderitz Hospital
17	Nobetsuthu Sibanda	Katutura State Hospital
18	Akiza Kamuzora	Katutura State Hospital
19	Loide Amukwa	Katutura Health Centre
20	Floriana Kaifuana	Gobabis Hospital
21	Arthur Makaza	Otjiwarongo Hospital
22	G. Mwazi	Okahandja Hosp
23	R. Kalimbo	Grootfontein Hosp
24	A. V. Muti	Okakarara Hosp
25	P. Githendu	Special Programs
26	Emelys Kawerama	NHTC
27	Hiskia Lea-Glenda	NHTC
28	Frieda Katuta	NHTC
29	Margaret Ngororo	Pharmaceutical Services
30	Dawn Pereko	MSH/RPM Plus
31	Laila Akhlaghi	MSH/RPM Plus
32	Jude Nwokike	MSH/RPM Plus



**ANNEX 2. TRAINING AGENDA**  
HIV/AIDS Pharmaceutical Management Training  
20-24th February 2006  
Agenda

Time	Session	Facilitator(s)
<b>Monday 20<sup>th</sup></b>		
14h00 – 14h30	<b>Official Opening</b>	MoHSS Representative, Laila Akhlaghi
14h30-15h00	<b>Session:</b> Course Introduction (Aims and Objectives)	Laila Akhlaghi
15h00 – 15h30	<b>Pre-test</b>	Laila Akhlaghi
15h30 - 16h00	<b>Session 1.1:</b> Overview of the HIV/AIDS Situation in the World and in country	Emelys Kawerama
16h00 – 16h30 (30min)	<b>Break</b>	
16h30 – 18h00	<b>Session 1.2:</b> HIV/AIDS	Hiskia Lea-Glenda Mulenga Lwansa
18h15 – 19h00	<b>Coffee Break / Process Review Meeting for Facilitators</b>	
<b>Tuesday 21<sup>st</sup></b>		
8h00 – 9h30	<b>2.1</b> <i>Pharmaceutical Management Cycle in the Context of the ART Program In Namibia</i>	Mulenga Lwansa, Rafiu Idris
9h30 – 11h00	<b>2.2</b> <i>Stock Management (first and second subsessions) (30 minutes)</i> <b>2.2</b> <i>Stock Management (third ,fourth and fifth subsessions)</i>	Dawn Pereko
11h00 – 11h15 (15 min)	<b>Break</b>	
11h15 - 12h45	<b>2.3</b> <i>Store and Facility Management</i>	Mulenga Lwansa
12h45 – 13h45 (60 mins)	<b>Lunch</b>	
13h45 – 16h15	<b>2.4</b> <i>Standard Operating Procedures for Pharmaceutical ART</i>	Rafiu Idris, Dawn Pereko
16h15 – 16h30 (15min)	<b>Break</b>	
16h30 – 17h30	<b>2.6</b> <i>Monitoring and Evaluation and Pharmaceutical Information System (M&amp;E and PMIS)to be continued</i>	Rafiu Idris
18h00 – 19h00	<b>Coffee Break / Process Review Meeting for Facilitators</b>	

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<b>Time</b>	<b>Session</b>	<b>Facilitator(s)</b>
<b>Wednesday 22<sup>nd</sup></b>		
8h00 – 9h30	<b>2.6 Monitoring and Evaluation and Pharmaceutical Information System (M&amp;E and PMIS)CONTINUED</b>	Rafiu Idris
9h30 – 10h30	<b>2.5 Quantification of ARVs</b>	Laila Akhlaghi
10h30 – 11h00 (30 min)	<b>Break</b>	
11h00 – 12h15	<b>2.5 Quantification of ARVs</b>	Laila Akhlaghi
12h15 – 13h15	<b>3.1 Rational Use of HIV/AIDS-Related Medicine</b>	Mulenga Lwansa, Jennie Lates
13h15 – 14h15 (60 min)	<b>Lunch</b>	
14h15 – 15h45	<b>3.2 Dispensing of HIV/AIDS-Related Medicines</b>	Jennie Lates
15h45 – 16h00 (15 min)	<b>Break</b>	
16h00 – 17h30	<b>3.3 Counselling for ART</b>	Laila Akhlaghi, Jennie Lates
17h30 – 18h00	<b>Coffee Break / Process Review Meeting for Facilitators</b>	
<b>Thursday 23<sup>rd</sup></b>		
8h00 – 9h30	<b>3.4 Adherence to ART</b>	Jude Nwokike
9h30 – 10h30	<b>3.5 HIV/AIDS-Related Drug Interactions</b>	Dawn Pereko
10h30 – 11h00 (30 min)	<b>Break</b>	
11h00 – 13h00	<b>3.6 ART Side Effects and Adverse Reactions</b>	Jude Nwokike
13h00 – 14h00 (60 min)	<b>Lunch</b>	
14h00 – 15h00	<b>3.7 Paediatric ART</b>	Emelys Kawerama
15h00 – 16h00	<b>3.8 Nutrition and HIV/AIDS</b>	Hiskia Lea-Glenda
16h00 – 16h15 (15 min)	<b>Break</b>	

<b>Time</b>	<b>Session</b>	<b>Facilitator(s)</b>
16h15 – 17h00	<b>4.1 Implementation of ART Pharmaceutical Management Systems In-Country: Monitoring, Training, and Planning (MTP)</b>	Laila Akhlaghi
17h15 – 18h00	<b>Coffee Break / Process Review Meeting for Facilitators</b>	
<b>Friday 24<sup>th</sup></b>		
8h00 – 10h30	<b>4.1 Implementation of ART Pharmaceutical Management Systems In-Country: Monitoring, Training, and Planning (MTP)</b>	Laila Akhlaghi
10h30 – 11h00	<b>Break</b>	
11h00 – 12h00	<b>Workshop Closure</b>	MoHSS Representative, USAID Representative, Jude Nwokike
12h00 – 12h30	<b>Post-test</b>	Laila Akhlaghi
12h00 – 13h00	<b>Course Evaluation</b>	Laila Akhlaghi
13h00 – 14h00 (60 min)	<b>Lunch</b>	
14h00 – 15h00	<b>Course Recap Meeting with Facilitators</b>	



### ANNEX 3. FOLLOW-UP ADAPTATION/LESSONS LEARNED

Bolded items are for consideration for the original HIV/AIDS Training materials and non-bolded items are for consideration in the finalization of the Namibia version of the materials.

1. Must be read by all trainers.
2. Printing check list should be part of the introduction; If a new printing guideline is to be developed it should be from adaptation of the one in the annex; this needs to be in word
3. **Pre- and post-test was adapted**
4. **Session evaluation was adapted (guidelines should be given for evaluations, to have each session on one page so that it can be submitted after each session, or at the end of the day) to include: what did you not understand? And any other comments?**
5. **Evaluation and pre and post-test analysis worksheets were created in Excel (Jenny has the pre-/post-test, Laila the evaluations, create one for the overall course evaluations).**
6. Other rules, such not putting too many animations in the slide, it takes up too much time and can be distracting. Some of it was nice, but other can add to the time of the presentation, if using animation, limit to the “appear” option.
7. **Describe set-up of the room and reasons why**
8. **Printing of presentation at 3 to a handout and selecting “color” under color/grayscale, instead of “grayscale”, but printing out on a black/white printer. Pictures print better this way.**
9. If making changes to the notes and slides, they should go through editing after adaptations
10. All ppts for the day need to be placed on the computer attached to the projector, so there is no time wasted in trying to find power points.
11. **Putting re-cap at the beginning of each day in the agenda. Give instructions to facilitators on how to do this and how much time it should take.**
12. **Discuss the idea of a parking lot for questions.**
13. Facilitators should be very familiar with the handouts and to be able to refer to them during the session.
14. **Make sure to have calculators, name tags, notepads and pens available for trainers.**
15. Include copy of Namibia SOPs in the back of the Binder
16. **Add table of contents on the first page of the binder**
17. Get the word version of the handouts and number them, so they can be referred to by numbers.
18. Changes in the exercises, case studies and handouts were not always reflected in the trainer’s notes and should be.
19. **New introductory presentation Revise to include what they are getting in the binder and how it is organized (powerpoint slides and then handouts)**
20. Trainers should use trainer’s notes when presenting as a tool and highlight their discussion questions as to not forget them
21. Add into the presentations, that formatting of slides should not be changed. Some colors were changed that were not concurrent with the format of the training.
22. Training needs to be full five days, or more materials needs to be cut, or better time management.
23. Parking lot of questions needs to be used more to limit the time
24. **Not all pre-test questions and answers are a part of the notes for trainers and when they are, they should be bolded to be pointed out.**

M1 S1:

1. Some page breaks need to be inserted into the trainer notes.

M1 S2:

1. **The slides after the various sections of JJ's stories may confuse/be too difficult to challenge lower cadre of students. May be ok for the pharmacists/regional pharmacists. Consider changing these slides to say this story discusses these issues that we will learn about. Not as questions, but as issues.**
2. **Enzymes question too difficult for the pharmacists assistants.**
3. **Change all QD to OD in slides. (QD is used in the stated for once a day, but is confused with QID "four times a day" in Africa, best to use OD).**
4. **Change all lbs. in JJs story to Kg or place Kg first and lbs. in parantheis in the story.**
5. **Need a slide on how to put ART together; or what makes and ART: 2 nrti's + 1 nrti or 1 PI +/- ritonavir. I have slide like this for quantification course. There is nowhere in the slides is there a discussion on what kinds of combinations are appropriate (not any three ARV can be put together).**
6. **Some of the hands out from AIDSinfo are not appropriate; I think these might be a bit dated. I think there can be something better to add. Too many ARVs not being used in the developing context and 2 ARVs that are not used at all (old/off the market), consider taking out other drugs in development and hydroxyurea**

M2 S1:

1. Reminder that this session is meant to be an overview. Some of the slides should not be gone into detail. They will be covered in other sessions.
2. **Arrow missing in the Distribution Cycle slide.**

M2 S2:

1. Change all inventory management to stock management
2. Insert slides on the exercise; so when summarizing each step of the quantification, it is also posted on the power point
3. Re-do the quantification answers for the trainer
4. Insert Namibia Stock card
5. Group exercise needs longer period of time
6. Add discrepancy form into the handouts
7. May need to increase more time, due to increased time needed for exercise

M2 S3:

1. Revised presentation put back two slides (make sure to get this version)
2. Find a picture of a good example for Slide 10 ("how to Organize the Stock") and replace one of the pictures.
3. Take out exercise on page 52 in trainers notes.
4. Place Namibia policy on use of expired products in trainer's notes

M2 S4:

1. Presentation was revised (Ildris started this presentation and Dawn came in, but Dawn used another Powerpoint; I'm not sure if Jennie has the final version that Dawn used, this refers to #3 below as well.)
2. Changes made into the trainer's notes should be accepted (or latest copy received), review copy was printed for students.

3. Not sure if development of SOPs is supposed to be part of the presentation; make decision with adaptation committee if this should be kept.
4. Include second SOP in the handouts (a second SOP was referred to, but was not handed out, or included in the handouts originally)
5. Include exercise in the binder (different action/SOP) for each group.

M2 S4:

M2 S5:

1. Quantification exercise took 2.5 hours. May take a little less with facilitators for each table/group. Lecture took 1:15min without pediatric exercise, adult exercise was 15 minutes.
2. Monthly report will need to be updated, once it has been reviewed as per M2 S6.

M2 S6:

1. SOPs and Monthly report activity needs to be further reworked. Exercise should include background information.
2. Case study went very well.

M3 S1:

1. Blue circles in slide 16 is too dark, change back to original color ( as well as slide 17, all slides have gone through communications department in DC and have been formatted to match overall format of the course, animation can be added, but formatting should stay as was)
2. Not all the questions should be asked to limit the time for this presentation; this is just an overview and other sessions will cover in detail.
3. Case study slide (Namibia-based) has been updated, please insert in final version (change 65 to 130 patients per day.)
4. Lecture (slide 1-18 took 1:20 minutes; 19-26 and Q and A took 25 minutes; case study took 15 minutes; total session took more than 2 hours).

M3 S2:

1. Duration: 1:15 minutes
2. Add new case studies to slides and handouts

M3 S3:

1. Counseling check list is the what, should develop a how table to go with it, so each item has an example of how.
2. Counseling role-plays should be adapted from adherence, can take out the dispensing and record-keeping and rework the words for local context.

M3 S4:

1. Rosa's story part 1 is not appropriate because MEMS caps are not available here. If it is to be used, the MEMS intervention should be changed to some other intervention. Rosa's story 2 is also not appropriate. It contains beepers and discussion over the phone. They should be adapted for local context. Are there pagers to be given? Are there nutritionists available for referral?
2. Interventions should focus on what the pharmacy staff can actually do themselves, not relying on policy changes and staff resources that might not be available.
3. Second case study was very well. Should be formatted to fit with the training notes.

M3 M5:

1. Include notes on new slides, and if there is a drug interaction policy in country; get most current presentation.
2. add new slides into the handouts
3. Duration, with speed: 50 minutes

M3 M6:

1. Enter symptoms for all Side effects and ADRs. Some slides are missing this. (Jude did a good job including this, but it might not be done by other trainers)
2. Take out medicines/recommendations that are not a part of Namibian guidelines
3. Accept changes in the notes/delete comments (the notes are still in the review format)
4. Duration: 2:20 with the exercise

M3 M7:

1. **Update pediatric percentage rate out of all patients in Namibia.**
2. Add to notes that NIP has a PCR machine (slide on Diagnosis).
3. Check notes on slide 13. There are two slides here.
4. Add Namibia IPT and Co-trimoxazole to the notes and handouts
5. Calculations example, should be EFV 200mg, bottles of 90
6. Slide 21 needs to include Namibia recommendations for ART/TB; What do you use if pediatric patient is less than 3 years old??
7. Need to include TB treatment for pediatrics
8. Needs more time, especially if to include exercises.
9. Consider moving counseling slides to the counseling session.

M3 M8:

1. Add case study slides back into the presentation. The trainer used it and it doesn't take that much time. It is not an activity, just a story. Case study is not relevant if all the slides on it are taken out.
2. Breastfeeding was covered under pediatrics and the 4 slides should be added to that, since students asked questions under pediatrics, this becomes redundant.
3. Took more than one hour
4. Animation in slide 12 (Namibia version) covers up the graph
5. Consider dropping this.

M4 S1:

1. Went well, but needs more time.