

SPS Afghanistan Initial Visit February 12- March 6, 2008: Trip Report

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About SPS

The Strengthening Pharmaceutical Systems (SPS) Program strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. SPS focuses on improving governance in the pharmaceutical sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines.

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ACRONYMS

ADR	Adverse Drug Reaction
AKDN	Aga Khan Foundation
AMR	Antimicrobial Resistance
CGHN	Consultative Group on Health and Nutrition
CPDS	Coordinated Procurement and Distribution System
DUR	Drug Use Review
HSSP	Health Service Support Project
IC	Infection Control
IDA	International Dispensary Association
MDS	Managing Drug Supply (text book)
MOPH	Ministry of Public Health
NDTC	National Drug and Therapeutics Committee
NGO	Non Governmental Organization
QA	Quality Assurance
QC	Quality Control
RMU	Rational Medicines Use
SPS	Strengthening Pharmaceutical Systems (Project)
STG	Standard Treatment Guideline
TA	Technical Assistance
VEN	Vital, Essential, non-essential (an analysis of medicine consumption)
WHO	World Health Organization

BACKGROUND

MSH provided pharmaceutical management technical assistance to the MoPH during the AHSEP and REACH Programs, mainly in the area of policy development. Both programs provided assistance directly to service-provision grant recipients to facilitate their ordering, storage and use of pharmaceuticals, and also purchased pharmaceuticals for use by these grantees to deliver the Basic Package of Health Services. Tech Serve has provided technical assistance to the MoPH to revise the National Essential Drug List, facilitated general pharmaceutical management training in 13 provinces and has provided \$5.6 million worth of essential drugs to NGOs. In July 2007, USAID awarded SPS to MSH as a Leader with Associates Cooperative Agreement. SPS focuses on four key results; improve governance in the pharmaceutical sector, strengthen pharmaceutical management systems to support public health services, contain the emergence and spread of antimicrobial resistance and expand access to and improved use of essential medicines. As a logical evolution of the work that began with AHSEP in 2003, USAID/Kabul is in the process of providing approximately \$1.5 million to SPS to assess the feasibility and practicality of a national coordinated procurement system, evaluate the capacity and TA needs of the Ministry of Public Health for effective forecasting, planning and logistics management, develop a plan to improve rational use of drugs in public and private health facilities and recommend options for procurement, storage and distribution of drugs currently done by MSH/Tech-Serve. In January 2008, the Mission requested the initial planning visit.

Purpose of Trip

The purpose of this visit was to 1) meet with relevant stakeholders to get an overview of the Afghanistan pharmaceutical sector to inform the development of the SPS Afghanistan work plan, provide information on the types of assistance SPS is likely to provide, and establish working relationships, 2) identify potential candidates to serve as local technical assistance providers, and 3) agree on ongoing support to be provided to SPS by the Tech Serve office.

Scope of Work

Mark Morris is the SPS manager for this country program and will take a lead on drafting the work plan and establishing the necessary relationships and systems to allow for SPS to carry out planned activities in country. Specifically, Mark Morris will:

- Conduct arrival and departure briefings with USAID as required
- Attend a Security Briefing with the Tech Serve Head of Security as soon as possible after arrival.
- Obtain information to inform the development of the SPS work plan through meetings with USAID and other donors, the MoPH, MoF, Kabul Medical University, NGOs and Tech Serve staff. Mr. Morris will take the lead in meeting with NGOs.
- Develop an initial staffing and recruitment plan for local staff.
- Make arrangements with Tech Serve for logistics and administrative support to SPS if such support is feasible.
- Draft a work plan for submission or presentation to USAID/Afghanistan prior to

departure, and for subsequent approval from the SPS CTO in Washington.

- Within 2 weeks of the end of the visit, submit a work plan and budget to USAID.
- Within 2 weeks of the end of the visit, submit a trip report to USAID.

Anthony Savelli will serve as the technical activity lead for specific work plan activities that will be developed. In this capacity, during this visit he will:

- Conduct arrival and departure briefings with USAID as required
- Attend a Security Briefing with the Tech Serve Head of Security as soon as possible after arrival.
- Obtain information to inform the development of the SPS work plan through meetings with USAID and other donors, the MoPH, MoF, Kabul Medical University, NGOs and Tech Serve staff. Mr. Savelli will take a lead in meetings with the MoPH, donors and Kabul Medical University.
- Design specific activities in the draft work plan for submission or presentation to USAID/Afghanistan prior to departure.

ACTIVITIES

1. Conduct arrival and departure briefings with USAID as required. Mark Morris and Anthony Savelli conducted an arrival briefing with USAID on February 18, 2008. At this meeting, USAID requested that we prioritize SPS work as follows; 1) RMU, 2) MOPH Capacity Building, 3) Coordinated Procurement, and 4) Post Tech Serve Procurement of pharmaceuticals by USAID. Also at this meeting, USAID informed us that Dr. Shapor Ikram will be CTO for SPS Afghanistan. We did not meet formally again with USAID until our departure briefing.

A departure briefing was conducted on February 27, 2008 with Randolph Augustin and Dr. Shapor Ikram. We explained the methodology (explained below) employed to develop the draft work plan and did a detailed walk-through of proposed activities.

2. Attend a Security Briefing with the Tech Serve Head of Security as soon as possible after arrival. Mark Morris and Anthony Savelli met with Baba Jan (Head of Tech Serve Security, immediately upon arrival on February 17, 2008. Throughout our stay we had very limited movement in Kabul during non-work hours, based on our briefing.

3. Obtain information to inform the development of the SPS work plan through meetings with USAID and other donors, the MoPH, MoF, Kabul Medical University, NGOs and Tech Serve staff. A summary of all meetings conducted during this trip is attached as Annex 1. Overall, support was unanimous that the needs identified by USAID (RMU, MOPH capacity building, coordinated procurement and post Tech Serve pharmaceutical procurement) should be addressed by SPS. Dr. G. Sayed, the World Bank representative responsible for pharmaceutical issues, was not in Afghanistan during our visit. Tony Savelli will conduct a telephone conversation with him upon return to the US. We do not anticipate duplicating the work of other projects and in our meetings; we invited participation in our work, as appropriate. WHO could contribute in several of our technical areas and expressed interest in doing so.

4. Develop an initial staffing and recruitment plan for local staff.

The MoPH is very interested in SPS beginning work quickly. We identified the Kabul-based positions listed below, based on technical and management needs but have not formally begun recruitment. The DC-based project management support described below is already in place. We have identified and will engage several potential TDY advisors after the completion of this trip.

DC-based Staff

- Project Manager (PT) Mark Morris (Tony Savelli available until Mark Morris arrives in DC)
- Project Backstop (PT) Lindsay Gibbs and then TBD
- RMU- The Kabul team will be supported by the existing SPS RMU team
- Procurement-three TDY advisors have been identified from MSH existing staff, but have not been approached
- QA-one TDY advisor has been identified from existing MSH staff, but not approached
- One policy/regulation specialist has been identified and has expressed interest in working in Afghanistan.

Kabul Staff

- Senior Technical Advisor (FT)
- RMU Advisor (FT)
- QA Advisor (FT)
- Procurement Advisor (FT)
- MOPH Coordination/Communication Advisor (FT)
- Administrative Officer (FT)
- Will have significant translation needs, likely to be contracted-out, with internal Quality Control

5. Make arrangements with Tech Serve for logistics and administrative support to SPS if such support is feasible. Tony Savelli and Mark Morris met with Steve Morgan on February 25 to discuss cost sharing arrangements. Initial agreement was reached on services that will be provided to SPS through the existing Tech Serve infrastructure at prorated rates as well as services that will be provided based on actual costs. A summary of this meeting is attached as Annex 2. An SPS-Tech Serve MOU will be finalized and executed as soon as funds are available and approved for use in the field.

6. Design specific activities in the draft work plan for submission or presentation to USAID/Afghanistan prior to departure. Draft a work plan for submission or presentation to USAID/Afghanistan prior to departure and for subsequent approval from the SPS CTO in Washington.

The team developed a draft work plan, using the following as guiding principles:

- USAID has specified things they would like us to do
- We met with and listened to MOPH, donors, other projects, academic institutions, and NGOs
- We have reviewed the Health and Nutrition Sector Strategy and the results of the EC Afghanistan Pharmaceutical Sector Identification Mission¹
- Intervention process of mapping (who does what) and getting actors together
- Improving coordination and communication within and outside of the MOPH
- We have consulted with technical experts at our home office and in the field
- We have adapted tested implementation methodologies
- We have not proposed things that we do not do well, even if they have been identified as problems (traditional medicines, manufacturing, QC labs)
- No large formal assessments, except for baseline medicine use study
- Most work will be done by local staff, supported by SPS/US staff
- Resource sharing with Tech Serve for efficiency and cost savings
- Take advantage of existing SPS resources, like training materials and advisors, for rapid start up and cost savings, but translation needs will be great
- SPS is very receptive to collaboration

¹ QA has been added as a separate technical area as a result of our meetings and review of the health and nutrition strategy.

- Goal of getting Afghanistan pharmaceutical management experts plugged into international network
- One year initial plan with anticipated ongoing work

Relevant content from the Health and Nutrition Sector Strategy is attached as Annex 3

A summary of the draft budget² is attached as Annex 4.

Draft work plans in various stages of development were presented to and discussed with Dr. Aisha (MOPH) on February 26, USAID on February 27, Dr. Anwari (MOPH) on February 28, Deputy Minister Kakar on March 4, and the CGHN on March 5. Continuous revisions were made based on input received during these meetings.

SPS presented the work plan to Dr. Kakar and several MoPH staff on February 4, 2008. The agenda and materials presented at this meeting are included as Annex 5.

7. Within 2 weeks of the end of the visit, submit a work plan and budget to USAID. A draft work plan was provided to USAID (by email) prior to departure of the team from Afghanistan. A Scope of Work, budget and final work plan will be submitted to USAID by March 17, 2008.

8. Within 2 weeks of the end of the visit, submit a trip report to USAID. A draft trip report was provided to USAID (by email) prior to departure of the team from Afghanistan. The final trip report will be submitted by March 17, 2008

Collaborators and Partners (Meetings Held)

Donors

Mr. Randolph Augustine/USAID Kabul

Dr. Faiz USAID/Kabul

Dr. Shapor Ikram USAID/Kabul

Elizabeth Rousset, European Union

Sarah Barnhardt, Task Manager, Health and Disability Sector, European Union (2 meetings)

Manizha Faqir, Project Officer, European Union

Dr. Mohammad, Tahir, Ghaznavi, Project Officer, European Union

Norio Kasahara, JICA Health Cooperation Planning Officer

UN Agencies

Brandao Co, Chief, Health and Nutrition, UNICEF

Dr. Hemlal Sharma, Health Specialist (MCH), UNICEF

Peter Graaf, WHO Head of Mission and Representative Afghanistan

Dr. Momin, Health Advisor, WHO

Jane Schuler-Repp Consultant, representing UNFPA

² The budget from which the attached summary was derived was developed in the field and has not yet gone through a review in the US, so we anticipate some changes.

Kabir Ahmed, Technical Advisor, UNFPA

Ministry of Public Health

Dr. Alhaj Jamahir Anwari, Director General of Pharmacy Affairs
Dr. Quriashi, Director of Procurement and Registration, Directorate of Pharmacy Affairs
Dr. Ahmed Jan, Head of Policy and Planning, MOPH
Dr. Kakar, Deputy Minister for Technical Affairs, MOPH
Dr. Aisha, Head of MOPH/API
Dr. Noori (Aqeld), Advisor to Dr. Kakar
Dr. Furmaly, Head of the Food and Drug Authority
Dr. Kazem, Head of the Department of Enterprise, MOPH
Dr. Reza Masoomy, Deputy Director for the Directorate of Pharmacy Affairs
Dr. Ahmad Shah, Assistant Technical DG of Administration
Dr. Jawad Mofleh, APHI

Tech Serve

Dr. Mubarak Shah, Chief of Party, Tech Serve Project
Dr. Paul Ickx, Technical Advisor to the Tech Serve Project
Dr. Mohammad Zafar Omarai, Drug Management Officer for the Tech Serve Project
Steve Morgan, Finance and Operations Manager for the Tech Serve Project

USAID Funded Projects

Hannah Gibson, HSSP Chief of Party
Dr. Hamid Zeland, HSSP Capacity Building Officer
Mary McCabe, Compri A Deputy Chief of Party
Hamid Hashmi, Compri A Sales and Marketing Manager

NGOs

Mr. Abdul Zahir Siddiqui, National Procurement Officer, AKDN
Dr. Ah. Najib Rashed, Pharmaceutical Managing Director STEP
Mr. Ahadi, Pharmacy Manager, Ibensina

Educational Institutions

Dr. Rafi Rachmani, Head of the Department of Pharmacology, Kabul Medical University

Pharmaceutical Vendors

Khair Mohammad, IDA representative

Global Fund

Dr. Hیزیullah Kazim, Team Leader

Adjustments to Planned Activities and/or Additional Activities

All activities in the Scopes of Work for Mark Morris and Anthony Savelli were accomplished. We did not have the opportunity to meet with the World Bank because their representative, Dr. G. Sayed, was out of the country during our visit. We will contact him by telephone after the conclusion of this mission.

NEXT STEPS

Immediate Follow-up Activities

1. Share the draft work plan (activities, products/deliverables, outcomes, partners and a timeline) with the MoPH. (Done)
2. Submit a Scope of Work and Budget to USAID by March 17, 2008. (This date was specified by Dr. Shapor Ikram)
3. Complete SPS Afghanistan work plan in standard SPS format.
4. Debrief with SPS CTO Anthony Boni and the SPS Deputy Director upon return to the US.
5. Pending notification from USAID that forward funding for selected activities may continue, work remotely with Tech Serve staff on recruitment of local staff. SPS will not proceed with hiring without USAID approval.
6. Discuss SPS work with the World Bank representative (G. Sayed) by telephone upon return to the US

Recommendations

The MoPH has expressed great interest in and enthusiasm for SPS assistance. We recommend maintaining momentum by recruiting local staff as soon as it is possible to do so and fielding an advisor to conduct mapping exercises in RMU, procurement and QA. Following these start-up activities, SPS anticipates conducting an MDS course and a TDY to finalize existing draft laws and regulations, both as part the MoPH Capacity Building technical area.

Agreement or Understandings with Counterparts

SPS will submit a SOW and budget to USAID by March 17, 2008. The MOPH has requested a draft work plan that includes activities, deliverables/outputs, outcomes and a timeline. The MOPH has also expressed that they would like SPS to begin work as soon as possible. We did not discuss the details of forward-funding with the MOPH but we did explain that some additional approvals are required before hiring local staff and technical work can begin.

Important Upcoming Activities or Benchmarks in Program

See Immediate Follow up Activities and Recommendations above.

ANNEX 1. SUMMARY OF MEETINGS

Summary of General Meetings Conducted by SPS 17th of February- 5th of March 2008						
Stakeholder	Individuals Met With	Meeting Date	Purpose of Meeting	Current Activities in Afghanistan	Issues/Concerns/Gaps/Comments	Priority Areas Identified (<i>not in particular order</i>)
DG of Pharmacy Affairs & team	Dr. Anwari, DG of Pharmacy Affairs & staff of each department	17/02/08	Introduce SPS; gain understanding of various perspectives & appraisal of the pharmaceutical sector; identification of perceived gaps, issues, and priority areas in need of attention; ascertain current & future expected support for the pharmaceutical sector in Afghanistan and source	MOPH entity responsible for oversight of pharmaceutical sector in Afghanistan (i.e. EDL/LDL, policies/regulations/legislation, inspection, procurement, importation, warehouse, etc...)	Capacity building of pharmacists; logistics & equipment of office; quality control (QC); implementation of existing policy, guidelines, & procedures; establishment of local pharmaceutical production; activation of various departments of the directorate; training for staff on pharmaceutical management; lack of appropriate building to house the directorate; revisions/updating of curriculum for school of pharmacy	Capacity building of pharmacists; a building for the Directorate of Pharmacy Affairs; QC; provision of equipments; activation of local production of drugs; implementation of existing policies, regulations, & procedures
USAID	Mr. Randolph Augustin, USAID CTO; Dr. Faiz, USAID CTO	18/02/08	In-brief; prioritization of SOW; determine next steps	Support of implementation of BPHS/EPHS	RDU; TA & capacity building of the Directorate of Pharmacy Affairs; coordination of drug procurement; & preparation for post Tech-Serve	RDU; TA & capacity building of the Directorate of Pharmacy Affairs; coordination of drug procurement; & preparation for post Tech-Serve
UNICEF	Dr. Bandao Co, Chief of Health & Nutrition; Dr. Hemlal Sharma, Health Specialist (MCH)	18/02/08	Introduce SPS; gain understanding of various perspectives & appraisal of the pharmaceutical sector; identification of perceived gaps, issues, and priority areas in need of attention; ascertain	Procurement (vaccines & cold chain equipment; provision of health kits, medicines, & supplies for emergency response)	RDU needed in both private & public sectors; no in-country pharmaceutical Afghan norms; no coordination for procurement; lack of standardization of processes for procurement in-country; Central Medical Stock/Store in need of capacity building; capacity building & training needed for the Directorate of Pharmacy Affairs	RDU; coordination for drug procurement; & capacity building & training for Directorate of Pharmacy Affairs

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			current & future plans of stakeholder's to support the pharmaceutical sector in Afghanistan			
EC	Ms. Elisabeth Rousset, First Secretary Deputy Head of Operations Section; Dr. Sarah Bernhardt, Task Manager Health & Disability Sector; Ms. Manizha Faqir, Project Officer; & Dr. Mohammad Tahir Ghaznavi, Project Officer	18/02/08	Introduce SPS; gain understanding of various perspectives & appraisal of the pharmaceutical sector; identification of perceived gaps, issues, and priority areas in need of attention; ascertain current & future plans of stakeholder's to support the pharmaceutical sector in Afghanistan	Donor; fund NGOs for implementation of BPHS/EPHS; no technical support to the MOPH for capacity building; recently completed a survey of the pharmaceutical sector in Afghanistan	Limitations on where EC NGOs can procure medicines; EC funded NGOs are allowed to procure medicines on the local market; RDU is needed; TA & capacity needed at the Directorate for Pharmacy Affairs; no coordination on procurement exist in Afghanistan and this is a major concern; concerns on what coordination for procurement could look like in Afghanistan and implications of such an approach	TA & capacity building of the Directorate of Pharmacy Affairs; RDU; & coordination of drug procurement
WHO	Mr. Peter Graaff, Head of Mission & Representative ; Dr. Momin, Health Advisor	19/02/08	Introduce SPS; gain understanding of various perspectives & appraisal of the pharmaceutical sector; identification of perceived gaps, issues, and priority areas in need of attention; ascertain current & future plans of stakeholder's to support the pharmaceutical sector in Afghanistan	Provides financial support to the MOPH; limited resources, but has action plan to assist MOPH with the following: lab training, support to Afghanistan Public Health Institute (APHI)	Lack of coordination of drug procurement; lack of quality control measures & overall quality assurance systems; lack of appropriate lab training; donation guidelines are needed; capacity building needed at the Directorate of Pharmacy Affairs; local production of medicines could be explored in on limited basis (i.e. infusions)	Capacity building and TA support to the Directorate of Pharmacy Affairs; coordination of drug procurement; quality assurance systems
MOPH	Dr. Kakar, Deputy Minister of	19/02/08	Introduce SPS; gain understanding of various	Oversees several departments within the Ministry that are responsible	RDU is a high priority issue for the Ministry; counterfeit drugs; pharmacists lack of understanding of pharmacy management; lack of labs; concerns	Improving general understanding of pharmacy

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	Technical Affairs; Dr. Noori, Special Advisor to the Deputy Minister; Dr. Aisha, Director of API		perspectives & appraisal of the pharmaceutical sector; identification of perceived gaps, issues, and priority areas in need of attention; determine MOPH's expectation of SPS	for supporting and overseeing aspects of the pharmaceutical sector	about quality of drugs being procured by donors (i.e. EC & WB; assured of quality of USAID procured drugs); concerns of standards being utilized by non-USAID funded NGOs; lack of coordination for drug procurement; capacity building for the Directorate of Pharmacy Affairs	management; capacity building & TA for the Directorate of Pharmacy Affairs; improving the quality of drugs being procured by donors (i.e. EC & WB)
MOPH	Dr. Ahmed Jan, Head of GCMU/Policy and Planning	19/02/08	Introduce SPS; gain understanding of various perspectives & appraisal of the pharmaceutical sector; identification of perceived gaps, issues, and priority areas in need of attention; determine level of support needed to NGOs	Responsible for the administrative management of NGO grants and contracts in support of BPH/EPHS implementation	Quality & control of drugs is a major concern; more support needed for the Directorate of Pharmacy Affairs (i.e. trainings, equipment, & facility upgrading); support & capacity building needed for the central stock of the Ministry; RDU has been a significant concern particularly at the health facility level and needs to be addressed; private/public partnership relative to pharmaceuticals is weak & requires attention	TA & support to the Directorate of Pharmacy Affairs; upgrading of infrastructure (i.e. training, equipment, & facility upgrading) of the Directorate; RDU
JICA	Mr. Norio Kasahara, Health Cooperation Planning Officer	19/02/08	Introduce SPS; seek basic appraisal of the pharmaceutical sector; identification of perceived gaps, issues, and priority areas in need of attention; ascertain current & future plans of stakeholder's to support the pharmaceutical sector in Afghanistan	Provide short term drug management support to at facility level in 4 provinces; procurement of TB drugs	TA support & capacity building of the Pharmacy Department of the Ministry is required; lack of coordination of procurement processes; lack of standards, processes, & guidelines	TA support & capacity building of the Pharmacy Department of the Ministry is required; coordination of drug procurement processes; establishment & implementation of standards, processes, & guidelines
UNFPA	Dr. Kabir U. Ahmed, Technical Advisor	20/02/08	Introduce SPS; gain understanding of various perspectives &	Plan to conduct a survey study on quality control of labs; implementation of inventory management	RDU is a major concern; harmonization of procurement is an issue that UNFPA would like to address; the idea of a centralized procurement & distribution system is one that is being discussed	RDU; TA & capacity building of the Directorate of Pharmacy

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	Commodity Management Branch Technical Support Division; Ms. Jane Schuler-Repp, Consultant Representing UNFPA		appraisal of the pharmaceutical sector; identification of perceived gaps, issues, and priority areas in need of attention; ascertain current & future plans of stakeholder's to support the pharmaceutical sector in Afghanistan	software at central stock (main warehouse)	within UNFPA for possible exploration; coordination of procurement is needed; availability of information on good storage practices is needed; an appropriate inventory management software is needed for the central medical stock; a study on quality control of lab is needed; capacity building & TA for both the central medical stock & the Directorate of Pharmacy Affairs are needed	Affairs; coordination of drug procurement; study on drug quality needed
APHI	Dr. Hamid Furmulu, Head of Drug & Food Quality Control Department	20/02/08	Introduce SPS; gain understanding of various perspectives & appraisal of the pharmaceutical sector; identification of perceived gaps, issues, and priority areas in need of attention; determine APHI's expectation of SPS	Support all efforts for the MOPH related to quality control/labs	Pharmaceutical sector has collapsed; significant need of pharmaceutical management training; training needed around stock/inventory management; the area of quality control in need of great attention; no analysis capacity; need for new machinery for chemical analysis; training needed on toxicology; in need of good reagents; in need of standardization of labs; need significant improvement in the area of waste material disposal; waste disposal practices are not established; lab testing overall is a major concern; issue of securing the border against importation of poor quality drugs; significant problems with customs ranging from bribery to long delays; resources & support are need for implementation of good inspection practices & standardization	Quality control; improvement in capacity for conducting analysis; machinery for chemical analysis; training on various aspects of quality control; implementation of good inspection practices & standards
Pharmacology Department of the Kabul Medical University;	Dr. Rafi Rahmani, Head of the Pharmacology Department of	24/02/08	Introduce SPS; gain understanding of Kabul Medical University & National Medicines	Participates as a member of the National Medicines Board; responsible for the administration of the Pharmacology Department of	Quality control (QC) is not discussed in the context of quality assurance (QA); significant concerns with drug registration (wholesalers & manufactures); in spite of suppliers registering with API, they still manage to circumvent the process; counterfeit drugs	QA; TA & capacity building of the National Medicines Board; RDU;

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Board Member of National Medicines Board	the Kabul Medical University & Board Member of the National Medicines Board		Board's role in the pharmaceutical sector of Afghanistan; identification of perceived gaps, issues, and priority areas in need of attention; determine what support is needed for improvements in the sector at all levels	the Kabul Medical University; serves a consultant on RDU to HSSP and drug management for Tech-Serve	in the market place is a major concern; no certification for quality control; stock management issues in private/public sectors; no established system for supervision & monitoring of drugs in the market place; no mechanisms for cost control; while National Medicines Board is in place - TOR for members not yet finalized, no established frequency for meetings, composition of board is inappropriate (no representation from private sector), no established procedures which governs the board, no established action plan, and the board is essentially ineffective; EC & WB (donors) supported NGOs allowed to purchase drugs from local market place; lack of acknowledgement at various levels for the need of RDU -RDU is a critical issue that should be of high priority; national formulary not yet distributed; private sector in need of training for storage/stock management & transport logistics; lack of enforcement of MOPH policy governing the establishment of new pharmacies in the private sector; lack of acknowledgement at the provider level of STGs which impacts diagnosis of patients (implications for RDU); Directorate of Pharmacy Affairs in need of TA for building capacity	implementation of established policies, regulations, and guidelines; TA & support to the Directorate of Pharmacy Affairs
IDA Foundation	Mr. Khair Mohammad, IDA Representative in Afghanistan	2/3/2008	Introduce SPS; ascertain IDA's current activities in Afghanistan; gain general understanding of the pharmaceutical system related to any gaps in drug procurement	Supplier of essential medicines	Several issues related to poor quality of drugs in Afghanistan; long bureaucratic system leads to long delays and complicated processes which are not clear for everyone involved in the process; while IDA can assure high quality of drugs based upon very good drug selection process, it has encountered a great deal of delays due to the poor systems in Afghanistan that overly relies on drug testing as a quality control measure; inappropriate systems at the governmental levels (i.e. border, customs, and Directorate of Pharmacy Affairs) leads organization to import drugs from Pakistan and other countries which are found in the open market; the quality of these drugs are not very good.	Customs; TA and capacity building support to the Directorate of Pharmacy Affairs to review their procedures and processes; Quality Assurance measures to address importation of poor quality drugs
HSSP	Ms. Hanna Gibson, COP; Mr. Hamid Zeland, Capacity Building Officer	2/3/2008	Introduce SPS; review of SPS draft work plan; ascertain HSSP's support to USAID funded grantees in the area of pharmaceutical management/RDU; gain HSSP's appraisal of areas in need of	Provides capacity building support to USAID funded NGOs and grant administration of midwifery grants in 9 provinces	HSSP is not currently involved with any procurement activities in Afghanistan; initially HSSP was responsible for capacity building of USAID funded NGOs around pharmaceutical management and RDU; however, meeting with Tech-Serve resulted in Tech-Serve agreeing to take on the responsibility of providing MDS capacity building to the NGOs, while HSSP would retain responsibility for support NGOs in the area of RDU; HSSP has used a package of training materials developed under REACH Project, but standardized by Dr. Normal under the APHI.	Standard procurement requirements; improvement in the quality of drugs in the general market place; lack of border and customs standards

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			improvement within the pharmaceutical sector in Afghanistan; determine areas for possible collaboration		SPS explained USAIDS' request that SPS and HSSP find a way to collaborate around ensuring the development of standard materials for MDS and RDU, as well as for training; it was agreed that SPS would take in the responsibility of compiling and reviewing the available materials in an effort to standardize materials in collaboration with HSSP and others; HSSP and Tech-Serve will work out the issues with the Mission to determine who will do what relative to implementation; identified gaps in the system - lack of standards procurement requirements, poor quality of drugs in country, and need for close coordination between HSSP and Tech-Serve	
COMPRI-A	Ms. Mary McCabe, Deputy Chief of Party; Mr. Hamid Hashmi, Sales & Marketing Manager	3/3/2008	Introduce SPS; review of SPS draft work plan; ascertain COMPI-A's support to the pharmaceutical sector; COMPI-A's appraisal of areas in need of improvement within the pharmaceutical sector in Afghanistan; determine areas for possible collaboration	Provides support to the pharmaceutical sector through social marketing of contraceptives in the public/private sectors of Afghanistan; TA to the Reproductive Department of MOPH for reviewing of documents and revising of systems and methods	COMPRI-A currently working in five products (oral & injectable contraceptives, condoms, oral rehydration, and chlorine); would like to extend distribution network to advance sales and coverage; oral and injectable contraceptives are provided by USAID, while oral rehydration and chlorine are locally produced; have experienced lots of issues with products that are locally produced, as the quality is not very good; no appropriate systems in place to test products; have been forced to send samples to CDC in Atlanta for testing; interested in collaborating with SPS in the areas of QA and coordinated drug procurement; coordination among donors and partners is seriously lacking; COMPRI-A has been trying to establish public/private partnership by development of a committee which meets monthly	Coordination of drug procurement; an appropriate system to ensure quality of drugs; development of labs and capacity of lab staff; local production needs to be explored as an option
GF	Dr. Hizbullah Kazim, Team Leader Global Fund Program GCMU	3/3/2008	Introduce SPS; review of SPS draft work plan; ascertain GF's support to the pharmaceutical sector; GF's appraisal of areas in need of improvement within the pharmaceutical sector in Afghanistan; determine areas for possible collaboration	Support of grant management programs for TB, Malaria, and HIV; provide funding for procurement of TB and antimalarial drugs	GF is a gap filling donor and is very much interested in knowing that resources are available in country and are appropriately mobilized; GF is interested in dealing with all of the priority areas indicated by SPS; currently GF out sources its procurement to WHO; GF believes that coordination for drug procurement is needed; coordination is needed to strengthen the central and provincial procurement systems; quality of drugs is also a major issue that needs to be addressed at all levels of the system; GF looks forward to remaining in contact with SPS to ensure appropriate opportunities for collaboration in the immediate future; the current centralized system at the MOPH is not very effective and needs to be reviewed and revised accordingly	Coordination of drug procurement at central and provincial levels; Management and Leadership capacity at the MOPH; capacity building for MOF on financial management; general health system for RDU; coordination and communication within the MOPH

SPS Afghanistan Initial Visit

Summary of Meetings with NGOs							
Stakeholder	Individuals Met With	Meeting Date	Purpose of Meeting	Funding Source	Current Activities in Afghanistan	Issues/Concerns/Gaps/Comments	Priority Areas Identified (<i>not in particular order</i>)
AKDN (NGO)	Mr. Abdul Zahir Seddiqui, National Procurement Officer	25/02/08	Introduce SPS; gain insight of current TA & support received by NGO for pharmaceutical management; appraisal of the pharmaceutical sector; identification of support needed by the NGOs	USAID; Aga Khan Foundation; New Zealand	Support of BPHS implementation through oversight and management of health facilities	Lengthy procedures and processes at the Directorate of Pharmacy; 2 to 3 months receive approvals for procurement of drugs; staff of the Directorate in need of trainings in all areas of pharmaceutical management; the Directorate is in need of computers and other equipments; no standardization of procurement procedures, which is not a problem with USAID procured drugs; no general understanding of pharmaceutical management at all levels in the country; under REACH NGOs received training on MDS & ongoing TA support, but not the current situation; NGOs are left to build their own capacity; HSSP as provided training on RDU, but training considered theoretical; RDU is a major concern at health facility level and more needs to be done to support NGOs in this area	Training and capacity building for staff of the Directorate of Pharmacy Affairs; Assistance with reviewing the procedures and protocols for the Directorate; development of a plan for capacity building and support to NGOs on pharmaceutical management and RDU; standardization and coordination of drug procurement
STEP (NGO)	Dr. Najib Rashed, Pharmaceutica	25/02/08	Introduce SPS; gain insight of current TA & support received	USAID; other small grants	Support of BPHS/EPHS implementation	Lack of understanding of drug management supplies and pharmaceutical management in	MDS training at all levels starting with the staff of the

SPS Afghanistan Initial Visit

	I Managing Director		by NGO for pharmaceutical management; appraisal of the pharmaceutical sector; identification of support needed by the NGOs		n through oversight and management of health facilities & hospital	general by the staff of the MOPH/Directorate of Pharmacy Affairs; lack of information, training, and capacity building for NGOs/health facilities on RDU; no clearly identified support for NGOs/health facilities for drug management TA; during REACH NGOs received trainings and TA, but this is now not the case; no standard drug procurement process, each entity procure according to his own internal standards; no STGs, only individual basic treatment protocols available (i.e. malaria, TB, etc.); no communication between individuals dealing with formularies, STGs, EDL, BPHS/EPHS	Directorate of Pharmacy Affairs; trainings at all levels on RDU; development of STGs; identification of entity to render capacity building and TA support to NGOs on pharmaceutical management; drug procurement practices need to be standardized and coordinated
IbinSina (NGO)	Mr. Ahadi, Pharmacy Manager	26/02/08	Introduce SPS; gain insight of current TA & support received by NGO for pharmaceutical management; appraisal of the pharmaceutical sector; identification of support needed by the NGOs	22 donors including USAID, WB, & EC	Support of BPHS/EPHS implementation through oversight and management of health facilities & hospital	Quality of drugs in the local market place; lack of sufficient local drug suppliers; lack of coordination between Directorate of Pharmacy Affairs and Custom Authorities; non-professionals at the Directorate of Pharmacy Affairs; training on drug management needed for staff of the Directorate; regulations, policies, and protocols developed by the Directorate needs to be reviewed, revised, and shared with everyone in the country; the central level has no idea of what is taking place at the provincial/NGO levels regarding the procurement of drugs and quality of drugs; the Directorate should have a monitoring role at the provincial/NGO levels ;STGs are not available; training needed at the NGO/health facility level for drug management and RDU	Drug quality control measures should be developed; training for NGOs on drug management/RDU ; coordination of drug procurement in Afghanistan; training for staff of Directorate; review of regulations and policies, and implementation of polices

SPS Afghanistan Initial Visit

Summary of Internal MSH Meetings (SPS & Tech-Serve)					
MSH Project	MSH Staff	Meeting Date	Purpose of Meeting	General Discussion	Next Steps
Tech-Serve	Dr. Mubarak, Chief of Party for Tech-Serve	17/02/08	Brief Dr. Mubarak on the scope of SPS visit; discuss any support needed from Tech-Serve; answer any questions Tech-Serve may have relative to SPS' SOW	Basic introduction of SPS; discuss specifics relative to SOW for this visit; discussed the facilitative support needed from Tech-Serve including the ability of DMU staff to assist with identification of entities with which SPS should meet to address issues related to pharmaceutical sector in Afghanistan	SPS schedule meeting with Steve Morgan to discuss possibility of utilizing resources; have ongoing meetings with Dr. Mubarak to update him on SPS progress
Tech-Serve	Mr. Steve Morgan, Finance & Operations Manager	25/02/08	Discuss the possibility of SPS resources with Tech-Serve (i.e. space, IT, transportation, HR, etc...);establishing an MOU	Tech-Serve is generally agreeable to allowing SPS to share space and other resources on the Tech-Serve compound; several specific issues to be worked out with regards to mechanism and process for allocation of expected shared costs; Tech-Serve will provide to SPS a draft MOU for review and comments, as well as list reflective of costs to be shared and costs that will be direct charged to SPS;	SPS to review draft MOU (HQ); work out the all details relative to the MOU and finalize
Tech-Serve	Dr. Mubarak, Chief of Party for Tech-Serve; Dr. Abdulah, Warehouse Manager, Dr. Zafar Omari, Drug Management Officer	3/3/2008	Debriefing - review draft work plan, cost sharing between Tech-Serve and SPS, and discuss next steps	SPS reviewed the work plan design; discussed USAID priorities (i.e. RDU, MOPH Capacity Building, Coordinated Procurement, & Post Tech-Serve Pharmaceutical Procurement); reviewed draft cost share allocation; Dr. Mubarak indicated that the presence of SPS will bring about needed changes in the pharmaceutical sector of Afghanistan; he further indicated that he was sure that the MOPH, particularly the Minister himself will be very pleased with the work proposed by SPS; Dr. Mubarak recommended that SPS be cognizant of the importance of being patient with the individuals who will participate in planned trainings, as it will take some time for them to truly understand the importance of their involvement and participation; he also indicated that it will take time to change the minds and behavior of individuals who may initially oppose SPS' efforts and the efforts of the MOPH as the establishment of systems will impact them negatively; Dr. Mubarak indicated that he is ready to support SPS	SPS to review draft MOU (HQ); work out the all details relative to the MOU and finalize

SPS Afghanistan Initial Visit

Summary of Draft Work Plan Review Meetings					
Stakeholder	Individuals Met With	Meeting Date	Purpose of Meeting	General Discussion	Next Steps
DG of Pharmacy Affairs & team	Dr. Anwari, DG of Pharmacy Affairs & Dr. Quraishi, Director of Procurement & Registration for the Directorate of Pharmacy Affairs	24/02/08	Discuss with the DG of the Directorate of Pharmacy Affairs preliminary prioritized activities for a draft work plan in support of the MOPH/Directorate of Pharmacy Affairs; establish general understanding & agreement of SPS' initial work plan scope	Based upon meetings held with USAID, UNFPA, WHO, UNICEF, JICA, MOPH (Dr. Kakar, Dr. Noori, Dr. Furmulu), and staff of the Directorate of Pharmacy Affairs, SPS developed a draft list of activities for a preliminary work plan. SPS shared with Dr. Anwari the general activities being proposed; the general areas are RDU, TA and Capacity Building for the Directorate of Pharmacy Affairs, Quality Assurance, and Coordination of Drug Procurement; specific activities would include a general training for approximately 30 individuals on Managing Drugs Supplies, RDU training (i.e. DTC), assistance with the establishment of NDTC at the central level, TA support for the establishment of a Coordinated Drug Procurement System in Afghanistan; Dr. Anwari indicated that he agreed with all of the priority areas, but would like assistance and support for addressing the issue of duplication, coordination, and communication among department of MOPH/Directorate of Pharmacy Affairs and external to the MOPH; SPS agreed to include aforementioned in the work plan	SPS will meet with Dr. Anwari on the 28th of February to review a draft of the work plan; SPS will meet with Dr. Asiha on the 26th of February to review a draft of the work plan
Directorate of Pharmacy Affairs	Dr. Aisha, Director of API	26/02/08	Review of draft work plan	SPS reviewed the work plan design; discussed USAID priorities (i.e. RDU, MOPH Capacity Building, Coordinated Procurement, & Post Tech-Serve Pharmaceutical Procurement); reviewed the elements of the MOPH Health and Nutrition Strategic Plan related to pharmaceutical management; Dr. Aisha indicated that the draft work plan was appropriate for her and agreed that the establishment of committees for RDU, Coordinated Drug Procurement, and Quality Assurance; Dr. Aisha agreed with the approach of starting with capacity building process with a MDS training for 30 individuals of the MOPH/Directorate of Pharmacy Affairs She suggested that the work plan be presented on the 5th of March at the CGHN meeting	SPS will make minor revision to the draft work plan and share with Dr. Anwari
USAID	Dr. Shaphor Ikram, CTO for	27/02/08	Provide update & summary of	Randolph and Dr. Ikram indicated that overall the work plan was fine from their perspective. The inclusion of quality assurance was raised by Randolph; however	Develop budget and SOW and

SPS Afghanistan Initial Visit

	SPS Afghanistan		meetings held with key stakeholders; explain the work plan design approach; review draft work plan; address all outstanding issues	was deemed important and appropriate once SPS explained the purpose for its inclusion in the plan. SPS explained that the objective of the quality assurance and building the capacity of the MOPH to ensure the quality of pharmaceutical products entering into and used within the country. Randolph and Dr. Ikram agreed with the approach as reflected in the work plan. Randolph indicated that he would like for SPS to collaborate with UNFPA on a study that it would like to conduct in Afghanistan related to quality of drugs in the market place; SPS will contact UNFPA for further information and include the study work plan; he further requested that SPS meet with DOD, LLU, COMPRI-A, and GF; other minor revision to the work plan included the adjustment of the work plan to reflect some activities occurring by the end of year 1; additionally Randolph requested that SPS ensure office space is available at the Ministry for SPS local staff.	submit to Mission by 17th of March; revise work plan to reflect changes requested by Mission; contact UNFPA to gain information about study and revise work plan to include study; Dr. Ikram to provide guidance and format for reports (i.e. quarterly and annual); Randolph to discuss continuation of forward funding for SPS with Tony Boni; SPS to schedule meetings with COMPRI-A, LLU, DOD, & GF; SPS to make presentation to Dr. Kakar/CGHN
Directorate of Pharmacy Affairs	Dr. Anwari, DG of Pharmacy Affairs	28/02/08	Explain work plan design approach; SPS anticipated staffing for Afghanistan; Review SPS draft work plan	Dr. Anwari indicated that he was pleased with the draft work plan presented by SPS. He indicated that the activities included in the work plan will provide the opportunity to effectively build the capacity of the staff of the Directorate of Pharmacy Affairs, which will in turn allow the Directorate to assume its role and responsibility within the pharmaceutical sector in Afghanistan. Dr. Anwari was receptive when told of the areas that SPS would not assist in at this point in time (i.e. traditional/herbal medicines, local production, and heavy support to laboratories); he indicated that the MOPH/the Directorate would explore other assistance beyond SPS for the areas identified as important, but for which SPS will not be able to provide support. It was agreed that SPS would ensure the participation of representatives of the Directorate in the SPS staff recruitment process; however it was understood by all that SPS would be he entity to make all final decisions relative to the hiring of its staff. Dr. Anwari agreed to forward any additional ideas or questions he may have regarding the work plan.	SPS to present a summary of the draft work plan to Dr. Kakar on the 4th of March 2008
EC	Dr. Sarah Bernhardt, Task Manager Health & Disability	3/3/2008	Explain work plan design approach; SPS anticipated staffing for Afghanistan;	SPS indicated that one of its technical focus areas will be quality assurance, but it will not focus on lab testing; however, in the broadest sense address quality control as a component of quality assurance. The EC indicated that it would explore the possibility of providing some support to the MOPH in the areas of lab testing; EC has an advisor on general procurement and suggested that SPS reach out to this	Maintain close contact with SPS to determine the most appropriate time to meet again

SPS Afghanistan Initial Visit

	Sector; Ms. Manizha Faqir, Project Officer; & Dr. Mohammad Tahir Ghaznavi, Project Officer		Review SPS draft work plan	individuals once it is ready to work on procurement coordination; SPS explained that it would only address issues related to drug procurement and not general procurement; EC indicated that it was very happy to see that SPS would address issues related to stock management at the central medical stock (main stock) as this assistance is absolutely needed; EC is 100% interested in supporting the pharmaceutical sector and would be more than happy to collaborate with SPS where and when appropriate; currently the EC anticipates having approximately 4 to 5 million Euros for the pharmaceutical sector, but not quite sure when these funds will be available	to further clarify specific areas for collaboration
MOPH	Dr. Kakar, Deputy Minister of Technical Affairs and other key MOPH staff	4/3/2008	Present general information about SPS Program and review summary SPS draft work plan activities	Dr. Kakar thanked SPS for accomplishing a great deal in a very short span of time; he indicated that he was very happy that SPS had taken the time to meet with several key individuals within the Ministry and had in fact taken the time to listen to their concerns. He indicated that while the draft work plan presented appropriately covered the key areas, he would like to have a work plan that presented more specific outcomes; SPS will present such a detailed work plan to the MOPH early next week; Dr. Kakar indicated that he was in need of support for lab testing and wanted to know of the types of material support he would expect from SPS; SPS reiterated that it would not provide support in the area of lab testing, but would address the issue of quality control in the context of quality assurance in the broadest sense; SPS will provide the Directorate with computers, printers, etc.; Dr. Kakar suggested that a SPS staff should be provided to the Directorate to assist with coordination and communication internal and external to the MOPH; SPS has already included such a position in its proposed staffing plan; Dr. Kakar thanked SPS and indicated that he was very happy with the plan and looked forward to working with SPS	Submit draft detailed work plan by early next week; make presentation to CGHN on the 5th of March 08; continue to keep MOPH apprised any all start up plans for SPS
MOPH/CGHN	Donors, MOPH staff, NGOs	5/3/2008	Present general information about SPS Program and review summary SPS draft work plan activities	Approximately 30 individuals participated in this weekly meeting which is chaired by the Deputy Minister of Technical Affairs (MOPH); the presentation was well received by all; no requested changes to information presented	SPS to keep all interested parties apprised of the start of its activities

ANNEX 2. ANTICIPATED COST SHARING ALLOCATION IN MSH AFGHANISTAN OFFICE BETWEEN SPS AND TECH-SERVE

SPS (Tony Savelli & Mark Morris) and Tech-Serve (Steve Morgan) representatives met on the 25th of February 2008 to discuss procedures and protocols for allocating shared costs in the MSH Office

Overall assumption: All MSH programs will occupy a single office compound in Afghanistan, and will share the operational costs of that compound.

- Share costs will be based upon a prorated methodology – head count of Local Professional Staff (LPS) and Management Positions ; prorated formula will be reviewed on a quarterly basis to adjust for any modifications in head count
- Estimated SPS % of LPS staff 4/61 or 6.5 % (SPS expected to initially hire 4 technical and one admin support staff)

Costs expected to be prorated at LPS rate:

- Office Rent
- Internet, email, network
- Radio (UHF and HF)
- Utilities
- Purchasing/Security/Housing Support
- Maintenance of Equipment (generator, water pump, etc.)
- Renovation/Maintenance – TBD – costs to be calculated as need arises

Other costs to be prorated at approximately 5/180 or 2.8% (different rate, as COMPRIA also pulls on these services, and support is equal to all staff, not just LPS)

- HR/Finance

Expected costs to be charged directly to SPS:

- SPS staff LOE (salaries, benefits, etc.)
- SPS phone cards - \$20 per card, probably 2 per LPS, 1 per LSS (per month)
- SPS supplies, stationary, and equipment (non-capital) - TBD
- In country per diem (LPS/LSS travel to the provinces) - \$15 USD per day, plus accommodation costs (approved ranges vary per province)
- After Hours Transport and security costs for TDY staff - \$10 USD per day, regardless if TDYer is in the TS GH or Commercial GH. Charged directly by Finance (i.e. not by traveler)
- Renovation/Build Out – renovations needed to accommodate SPS specific program needs
- Guesthouse Accommodation - \$40 USD per day – charged directly by Finance (i.e. not paid by Traveler)
- Commercial GH accommodation – paid directly by traveler, if commercial accommodation is required; per diem in commercial GH accommodation is \$100 USD per day
- In Country Travel – air travel will be charged directly based on actuals
- Pouch – as SPS is not based in Boston, pouches will be based on actuals to Arlington – es
- Outside services – charged directly, based on actuals (translation, etc.); SPS portion of Boston pouch minimal, so will not be charged at this time

Service with no charge –

- Meeting space – costs already included in rent, security and utilities prorated costs. Meeting space is available as coordinated through Mr. Burhani; meeting expenses (stationary, tea, water, etc.) will be charged directly on actuals.

Costs not yet calculated, as they were not foreseen in previous MOU draft:

- In Kabul Transportation – propose to prorate, as LPS staff will have proportional need for Kabul based transport (MOPH, etc.) as LPS of other programs, and will have proportional need for support services transport (purchasing, security, etc.); Transport LOE will need to be calculated – Coordination, Dispatch, Drivers (TBD)
- Provincial Transport – to be charged directly, based on actual use and agreed set rates per province. Transport and driver LOE (and security LOE if needed – eg. Ghazni) costs will be calculated on agreed #days/standard trip to a given province (variable). Driver/Security per diem and accommodation to be charged directly based on actuals.

ANNEX 3. SECTION OF THE DRAFT HEALTH AND NUTRITION SECTOR STRATEGY ON PHARMACEUTICAL MANAGEMENT

7. Pharmaceutical Management Support Program

Objective: To **harmonize the system for procurement**³ of essential medicines for Health Services facilities.

Strategy 7.1 Essential Medicines: HNS is committed to

1) **Ensuring the accessibility, availability, safety, efficiency, effectiveness and affordability of medicines; and**

2) Having a functional drug quality control lab at the central level.

Strategy 7.2 Procurement and Logistics: The HNS will establish and use **standard international level procurement, stocking and logistics systems to enable international contracting, bidding, stocking and transportation.**

Context: Currently the MoPH faces considerable challenge with supply and delivery of QA controlled drugs through numerous private pharmacies. **QA of drugs imported and sold is not ensured**, resulting in a lack of confidence by the population in the NHCS. Moreover, the country cannot rely on external supply only in the future; the re-institution of some national production by Foreign Direct Investment (preferably with a local partner) should be considered.

New Strategic Directions: To meet these challenges and ensure regular and appropriate distribution of safe, effective, cheap, and acceptable medical drugs to the population, the program will work on effective mechanisms to:

- distribute internal productions with **assurance of quality;**
- import effective and **QA medicine** according to national and international standards;
- assess regularly **drug requirements** in the country, in order to avoid any shortage at health facility level; and
- Assess local use of herbal and tradition medicine and assurance of quality.

Objective (2007):

Harmonizing system for procurement of essential medicine for BPHS facilities by the implementation of a Pharmaceuticals Management Plan.

³ All **bold** emphasis is by SPS to indicate areas addressed in our work plan.

ANNEX 4. DRAFT BUDGET SUMMARY

SPS Afghanistan Draft Projected Budget Summary

Projected Funding Period: 16 Months (Feb 08 - May 08 No.1 in budget; June 08 - May 09 for all other items)

Projected Funding Amount: \$2,000,000

No.	Budget Categories	Items Included in Budget Line	Amount	% of Total Projected Budget
1	Initial Visit/Work Plan Development/Start Up	Tony & Mark's initial TDY to Kabul (LOE & travel costs); continued work beyond initial TDY; 2nd TDY for Tony (LOE & travel costs); HQ time (any anticipated LOE and expenses)	\$105,950	5%
2	Technical Activity Coordination	HQ time (Alan, Mark, Maria, Douglas, & Ad Co); 1 possible TDY for Mark (LOE & travel costs); international training for local technical staff	\$90,049	5%
3	Office Management	Office rent & utilities; purchasing of office equipments; security; transportation costs; renovations/maintenance; IT support; office supplies; salary & benefits for Senior Technical Advisor (STA) & Admin Support Staff; basic HQ admin support	\$220,007	11%
4	RDU	Multiple TDYs (LOE/travel costs); salary & benefits for 1 Senior Program Associate; costs for local RDU consultant; costs for multiple trainings on RDU; salary for STA	\$374,484	19%
5	General MOPH Capacity Building	Multiple TDYs (LOE/travel costs); salary & benefits for 1 Senior Program Associate; purchasing of office equipments for MOPH; costs for multiple MDS trainings; costs for 1 international consultant on policies/regulations; salary STA	\$389,100	19%
6	Quality Assurance	Multiple TDYs (LOE/travel costs); salary & benefits for 1 Senior Program Associate; costs for multiple Q/A trainings; salary STA	\$378,725	19%
7	Coordinated Procurement Distribution System	Multiple TDYs (LOE/travel costs); salary & benefits for 1 Senior Program Associate; costs for multiple CPDS meetings and development of a governance framework for CPDS; salary STA	\$209,194	10%
Total			\$1,767,509	88%

ANNEX 5. MATERIALS FROM THE PRESENTATION OF THE WORK PLAN TO DEPUTY MINISTER KAKAR

Agenda: Strengthening Pharmaceutical Systems (SPS) Afghanistan Meeting

1. SPS Background

- What is MSH?
- MSH Organization
- Center for Pharmaceutical Management (CPM)
- CPM Senior Management Team
- Pharmaceutical Management Cycle
- Current CPM Projects
- CPM Staff as of September 2007
- Key Publications
- The SPS Award
- The SPS Program Organogram
- The MSH SPS Team
- SPS Key Result Areas

2. SPS Afghanistan

- Initial USAID Priorities
- Approach To Designing the Work Plan
- Meetings Held To Inform Work plan Development
- Anticipated Start-Up Staffing
- The Draft Health And Nutrition Sector Strategy
- SPS Afghanistan Work plan Overview

3. Discussion

4. Next Steps

STRENGTHENING PHARMACEUTICAL SYSTEMS (SPS) IN AFGHANISTAN

What is MSH?

- **Non-for-profit organization**
- **Established in 1971**
- **Mission:** *To close the gap of what is known about public health problems, and what is done to solve them*
- **Headquarters:** Cambridge, MA
- **MSH currently working in more than 80 countries**
- **Staffed by more than 1,000 people worldwide from approximately 65 nations**
- **Funded by multiple donors including USAID**

MSH Organization

MSH is organized into three centers:

- **The Center for Leadership and Management (HQ Cambridge)**
- **The Center for Health Programs (HQ Arlington)**
- **The Center for Pharmaceutical Management (HQ Arlington)**

Center for Pharmaceutical Management (CPM)

- **Established in 1983**
- **CPM works to improve access to and use of essential medicines worldwide**
- **Provides high-quality technical assistance, training, and information dissemination in pharmaceutical and supply chain management**

CPM Senior Management Team

- **Jim Rankin – CPM Director**
- **David Lee – Deputy Director, Tech QA/Results/BRD**
- **Keith Johnson – Deputy Director, CID/Program Admin**
- **Jennifer Jones – Deputy Director, Finance/Contracts**
- **Douglas Keene – Director, RPM Plus & SPS**
- **Maria Miralles – Deputy Director, RPM Plus & SPS**
- **Bob Schirmer – Deputy Director, SCMS**
- **Tony Savelli – Manager for STTA and Procurement**
- **Rosita Rodriquez-Barton – Human Resources Manager**
- **Yen Yen Lim – Senior Contracts Officer**

Pharmaceutical Management Cycle (see handout)

- Selection
- Procurement
- Distribution
- Use
- Policy, Law, and Registration
- Management Support

Current CPM Projects

- **Strengthening Pharmaceutical Systems (SPS) (USAID) (2007 – 2012)**
- **Rational Pharmaceutical Management Plus Program (USAID) (2000 – 2008); RPM started in 1993, RPM Plus in 2000, RPM Plus end Sept 2008; continues under SPS**
- **Partnership for Supply Chain Management System (USAID) (2005 – 2010)**
- **INRUD Initiative on Antiretroviral Adherence (Sida) (2006 – 2011)**
- **Small contracts (e.g., PAHO)**
- **Support in the area of pharmaceutical management to other MSH projects**

CPM Staff as of September 2007

- 311 employees worldwide
- 155 of them work for RPM Plus/SPS (42 in Arlington, VA)
- 68 of them work for SCMS (22 in Arlington, VA)

Key Publications (see handout)

Numerous key publications (2 listed)

- **Managing Drug Supply** – 1st edition published in the 1980's; 3rd edition expected to be published by MSH in 2009
- **International Drug Price Indicator Guide**

The SPS Award

- **Leader with Associate Cooperative Agreement**
- **5 – year award**
- **June 29, 2007 – June 28, 2012**

The SPS Program Organogram (see handout)

- **Douglas Keene, Director**
- **Maria Miralles, Deputy Director**

The MSH SPS TEAM (see handout)

- **Core Team**
- **Specialized Resources**
- **Other Collaborating Organizations**

SPS Key Result Areas

- 1. Improvement governance in the pharmaceutical sector**
- 2. Strengthen pharmaceutical management systems to support public health services**
- 3. Contain the emergence and spread of antimicrobial resistance**
- 4. Expand access to essential medicines**

INITIAL USAID PRIORITIES FOR SPS AFGHANISTAN

- Rational Use of Medicines
- MoPH Capacity Building
- Coordinated Procurement
- Post Tech Serve Pharmaceutical Procurement

APPROACH TO DESIGNING THE WORKPLAN

- USAID has specified things they would like us to do
- We met with and listened to MOPH, donors, other projects, academic institutions, and NGOs
- We reviewed the Health and Nutrition Sector Strategy and the results of the EC Afghanistan Pharmaceutical Sector Identification Mission⁴
- We consulted with technical experts at our home office and in the field
- We adapted tested implementation methodologies
- We have not proposed things that we do not do well, even if they have been identified as problems (traditional medicines, manufacturing, QC labs)
- We have not proposed large formal assessments, except for baseline medicine use study
- We are proposing an intervention process of mapping (find out who does what) and then getting actors together at the same table
- We are proposing to improve coordination and communication within and outside of the MOPH

⁴ QA has been added as a separate technical area as a result of our meetings and review of the health and nutrition strategy

- Goal of getting Afghanistan pharmaceutical management experts plugged into international network
- Most work will be done by local staff, supported by SPS/US and field staff
- Resource sharing with Tech Serve for efficiency and cost savings
- Take advantage of existing SPS resources, like training materials and advisors, for rapid start up and cost savings, but translation needs will be great
- SPS is very receptive to collaboration and will avoid duplication
- One year initial plan with anticipated ongoing work

MEETINGS HELD TO INFORM WORKPLAN DEVELOPMENT

Donors

Mr. Randolph Augustine/USAID Kabul

Dr. Faiz USAID/Kabul

Dr. Shapor Ikram USAID/Kabul

Elizabeth Rousset European Union

Sarah Barnhardt, Task Manager, Health and Disability Sector, European Union (2 meetings)

Norio Kasahara, JICA Health Cooperation Planning Officer

World Bank: will take place by telephone after the end of this mission

UN Agencies

Brandao Co, UNICEF Chief, Health and Nutrition

Peter Graaf, WHO Head of Mission and Representative Afghanistan

Dr. Momin, WHO

Jane Schuler-Repp Consultant, representing UNFPA

Kabir Ahmed, UNFPA Technical Advisor

Ministry of Public Health

Dr. Alhaj Jamahir Anwari, Director General of Pharmacy Affairs (2 meetings)

Dr. Ahmed Jan, MOPH

Dr. Kakar, Deputy Minister for Technical Affairs, MOPH

Dr. Aisha, Head of MOPH/API (2 meetings)

Dr. Noori, Advisor to the Deputy Minister for Technical Affairs

Dr. Furmaly, Head of Food and Drug Authority

Dr. Kazem, Department of Enterprise, MOPH

Global Fund

Dr. Hizbullah Kazim, Team Leader

Educational Institutions

Dr. Rafi Rahmani, Head of the Department of Pharmacology, Kabul Medical University

Tech Serve

Dr. Mubarak Shah, Chief of Party, Tech Serve Project

Dr. Paul Ickx, Technical Advisor to the Tech Serve Project

Dr. Mohammad Zafar Omarai, Drug Management Officer for the Tech Serve Project

Steve Morgan, Finance and Operations Manager for the Tech Serve Project

HSSP

Hannah Gibson, Chief of Party

Dr. Hamid Zeland, Capacity Building Officer

Compri A

Mary McCabe, Deputy Chief of Party
Hamid Hashmi, Sales and Marketing Manager

NGOs

Mr. Abdul Zahir Siddiqui, National Procurement Officer, AKDN
Dr. Ah. Najib Rashed, Pharmaceutical Managing Director STEP
Mr. Ahadi, Pharmacy Manager, Ibsina

Pharmaceutical Vendors

Khair Mohammad, IDA representative

ANTICIPATED START-UP STAFFING

DC-based

- Project Manager (PT); Mark Morris (Tony Savelli available until Mark Morris arrives in DC)
- Project Backstop (PT) Lindsay Gibbs and then TBD
- RMU- Kabul team to be supported by SPS RMU team
- Procurement-Three TDY advisors have been identified from MSH existing staff
- QA-One TDY advisor has been identified from existing MSH staff
- MOPH Capacity Building-one TDY advisor identified for policy work.

Kabul

- Senior Technical Advisor (FT)
- RMU Advisor (FT)
- QA Advisor (FT)
- Procurement Advisor (FT)
- MOPH Coordination/Communication Advisor (FT)
- Administrative Officer (FT)
- We will have significant translation needs, likely to be contracted-out, with internal Quality Control

TAKEN FROM THE DRAFT HEALTH AND NUTRITION SECTOR STRATEGY

7. Pharmaceutical Management Support Program

Objective: To **harmonize the system for procurement**⁵ of essential medicines for Health Services facilities.

Strategy 7.1 Essential Medicines: HNS is committed to

1) **Ensuring the accessibility, availability, safety, efficiency, effectiveness and affordability of medicines; and**

2) Having a functional drug quality control lab at the central level.

Strategy 7.2 Procurement and Logistics: The HNS will establish and use **standard international level procurement, stocking and logistics systems to enable international contracting, bidding, stocking and transportation.**

Context: Currently the MoPH faces considerable challenge with supply and delivery of QA controlled drugs through numerous private pharmacies. **QA of drugs imported and sold is not ensured**, resulting in a lack of confidence by the population in the NHCS. Moreover, the country cannot rely on external supply only in the future; the re-institution of some national production by Foreign Direct Investment (preferably with a local partner) should be considered.

New Strategic Directions: To meet these challenges and ensure regular and appropriate distribution of safe, effective, cheap, and acceptable medical drugs to the population, the program will work on effective mechanisms to:

- distribute internal productions with **assurance of quality;**
- import effective and **QA medicine** according to national and international standards;
- assess regularly **drug requirements** in the country, in order to avoid any shortage at health facility level; and
- Assess local use of herbal and tradition medicine and assurance of quality.

Objective (2007):

Harmonizing system for procurement of essential medicine for BPHS facilities by the implementation of a Pharmaceuticals Management Plan.

⁵ All **bold** emphasis is by SPS to indicate areas included in our work plan.

SPS AFGHANISTAN WORKPLAN OVERVIEW

Objective 1: Improve the use of medicines through the development and implementation of Drug and Therapeutics Committees (DTC)

“The committee that evaluates the clinical use of medicines, develops policies for managing pharmaceutical use and administration, and manages the formulary system”

Phases	Outcomes	Partners
1. Compile documentation, map stakeholders, gain support, establish National Drug and Therapeutics Committee	Understanding of activities influencing the use of pharmaceuticals.	MOPH, UN agencies, academic institutions
2. Organize NDTC, conduct indicator based medicine use study, conduct National DTC training course, develop work plan	MOPH is organized to lead interventions according to a plan and with baseline data on medicine use	MOPH, UN agencies, academic institutions
3. Implement interventions in STGS, formularies, DUR, Drug Information Services, Antimicrobial Resistance, Adverse Drug Reaction Reporting, Drug Problem Reporting, VEN Analysis, pre and in service education	Selected areas impacting medicine use are improved and new programs are initiated.	MOPH, UN agencies, academic institutions
4. Roll out to selected Kabul and Regional Hospitals	Improved management of medicine use is expanded to the hospital level	MOPH, UN agencies, academic institutions, hospital staff

Objective 2: Build the capacity of the MOPH to manage pharmaceutical functions and services

Activities	Outcomes	Partners
1. Conduct overview course base on <i>Managing Drug Supply</i>	MOPH staff understand systems-approach to pharmaceutical management	MOPH, WHO
2. Review and revise MOPH standards and training materials on pharmaceutical management	Uniform approach to management of the pharmaceutical sector and training	MOPH, Tech Serve, HSSP
3. TA to improve coordination and communication within and external to the MOPH on pharmaceutical management.	Improved functioning of the MOPH in the management of pharmaceutical programs	MOPH
4. Targeted intervention in legislation/regulation, and training in stock management	Policy basis established. Areas of pharmaceutical management improved	MOPH
5. Conduct selected training in 1) planning, 2) managing and 3) monitoring pharmaceutical programs	MOPH are prepared to plan, manage and monitor pharmaceutical programs	MOPH

Objective 3: Build the capacity of the MOPH to ensure the quality⁶ of pharmaceutical products entering into and used with in the country

Quality Assurance: “The management activities required to ensure that the drug that reached the patient is safe, effective and acceptable to the patient.”

Quality Control: “The testing of drug samples against specific standards of quality”

Phase	Outcomes	Partners
1. Mapping of QA activities within and outside of the MOPH	Understanding of the roles and responsibilities for activities impacting the quality of pharmaceuticals	MOPH, other Ministries and multiple stakeholders
2. Conduct overview training in Pharmaceutical Quality Assurance	Shared understanding of parameters of quality and the need for a comprehensive program to ensure quality	MOPH, other Ministries and multiple stakeholders
3. Form a QA Committee and work plan to address priority problems	An empowered group exists to improve and manage the activities impacting the quality of pharmaceuticals.	MOPH, other Ministries and multiple stakeholders
4. Implementation of interventions in; product selection, supplier selection, product certification, contract specifications, importation, inspection of shipments, targeted testing, problem reporting, storage, transport	Selected aspects of the selection, procurement, distribution and use of pharmaceuticals are improved or introduced	MOPH, other Ministries and multiple stakeholders

Objective 4: Establish within the MOPH a coordinated procurement and distribution system for USAID and other donors

Phase	Outcomes	Partners
1. Develop concept paper and gain support for a coordinated procurement and distribution system	Interest in coordinated procurement and a shared understanding of what such a program would include	MOPH, donors, external stakeholders
2. Develop Governance Framework and work plan	Operating principals exist under which the CPDS will be developed and operate and stakeholders have a detailed implementation plan	MOPH, donors, external stakeholders
3. Assist the MOPH in	A coordinated procurement and	MOPH, donors, external

⁶ SPS is proposing a comprehensive Quality Assurance program, of which Quality Control will be a part.

management of the CPDS	distribution system is managed by the MOPH	stakeholders
4. Establish MOPH committees for oversight, quantification, donations etc.	Various committees within the MOPH conduct the work of the CPDS	MOPH, donors, external stakeholders

Objective 5: In collaboration with USAID, other donors and the MOPH, design the system for USAID procurement of pharmaceuticals to be implemented after the conclusion of the Tech Serve Project.

Activities	Outcomes	Partners
1. Remain current on Tech Serve pharmaceutical related matters	SPS understanding of USAID system for procurement of pharmaceuticals	MOPH, Tech Serve
2. Integrate Tech Serve into CPDS	USAID pharmaceutical procurement is part of an MOPH led coordinated system	MOPH, Tech Serve
3. Consider options for post Tech Serve pharmaceutical procurement	USAID makes an informed decision on post Tech Serve pharmaceutical procurement	MOPH, Tech Serve
4. Facilitate transition from Tech Serve to new mechanism.	Provision of pharmaceuticals through USAID funding continues smoothly through the close out of Tech Serve.	MOPH, Tech Serve

NEXT STEPS

Immediate

- Draft a Scope of Work (text document describing the need for proposed work, what activities we will do, what we will accomplish, how much it will cost and how we will measure it)
- Submit a work plan (a detailed table) and budget
- Secure approval for next trip

To be done after immediate actions above

- Engage STTA advisors
- Finalize position descriptions for local staff, post, short list, schedule interviews
- Design mapping exercise

Next TDY

- Conduct mapping exercise
- Interview and hire local staff
- Set up infrastructure within Tech Serve Compound
- With stakeholders, decide on sequencing of activities over 1st six months of the project (MSD course, DTC course, TDY on drug policy, first visits by technical leads)
- Begin translation and preparation for courses

After local staff hired

- Develop work plans for local advisors
- Designate external support for local advisors