ZAMBIA CHILD HEALTH PROJECT
Rational Pharmaceutical
Management Project
Consultancy Report

August 1996

Jean-Pierre Sallet

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EXECUTIVE SUMMARY

USAID implements its Zambia Child Health Project through the BASICS Project. BASICS has identified the unreliable drug supply as a principal constraint to improving quality and expanding coverage of primary health care services.

The Zambian Ministry of Health has started formulating a national drug policy as a means of focusing attention and optimizing resource allocation for improving drug management. This should be accomplished through a four step process:

1) Situation analysis: on-going analysis of the current situation with identification of priorities in line with the national strategic health plan;

2) Multi-sectoral consultation: taking care in the views of informed parties from all levels of health care, relevant ministries, academia, consumer groups, NGOs and assistance agencies;

3) Consensus building: the final form and content of the policy will be determined through consensus of the parties summarized above; and,

4) Declaration of the national drug policy document: this policy document, together with implementation strategies, will be put forth with the support of the highest level of the Ministry of Health.

At the request of the BASICS Zambia Child Health Project and the Ministry of Health/Zambia, Jean-Pierre Sallet (RPM Deputy Director) was invited to go to Zambia, between June 10 and July 2, 1996.

It was agreed that during his visit Mr. Sallet would:

1) Review and comment upon the background papers that have thus far been prepared for the June consensus building workshop on the national drug policy;

2) Determine, in consultation with staff of the MOH, USAID and ZCHP, whether and how RPM and the ZCH project can assist with an assessment of pharmaceutical management in Zambia. If deemed appropriate, plan for such an assessment;

3) Explore interest in the MOH and USAID for an FDA-supported drug symposium;

4) Participate in a drug selection workshop (to revise the National Formulary List) scheduled for June;
5) Identify and describe opportunities for USAID assistance in the pharmaceutical sector; and,

6) Plan for possible further assistance including longer-term assistance with the drug management program and development of district capacity in drug management.

The workshop on national drug selection was postponed. Instead, the consultant was invited to participate in the third phase of the national drug policy development by attending the national drug policy consensus workshop. The detailed presentations of the various background papers provided an excellent opportunity to gain an understanding of the Zambian pharmaceutical sector. It was also an opportunity to meet with local representatives. This was complemented by a series of field trips and meetings with concerned parties.

Potential areas for RPM intervention are identified in this report. These include: assistance in the development of the national drug policy; coordination of the implementation of a joint U.S.-FDA/USP national workshop; assistance to the DPS in the implementation of a revolving drug fund; computerization of procurement and quantification activities at the DPS; training of district health workers in drug supply management and rational drug use; and, computerization of procurement, storage and distribution activities at the Lusaka Teaching Hospital Pharmacy (UTH) and the Medical Stores Ltd./Essential Drug Store (MSL/EDS).

The funding needed to perform all these activities exceeds the amount programmed by the Mission for the next two years. Therefore, the next step is to collaborate with the various concerned parties (USAID, ZCH/BASICS, GRZ, and other donors) to identify the priority activities where RPM should provide technical assistance.

BACKGROUND

Health Reform in Zambia

For years, the Zambian health care system has been heavily dependent on costly tertiary level (hospital) care accessible only to a small portion of the population. In 1991, the Ministry of Health (MOH) of the Government of the Republic of Zambia (GRZ) developed a National Health Policy and Strategies document. In this document the GRZ proposed a series of health policy reforms which are “characterized by a move from an excessively centralized system to a more decentralized system in which the center provides support and national guidance.” Through these reforms the GRZ is committed to build effective leadership, accountability and partnership to provide “equity access to cost-effective, quality care as close to the family as possible.”
In 1995, the MOH put forth a comprehensive “National Strategic Health Plan,” which covers the 1995-99 period, and describes the strategies and implementation plans for the following:

1) Essential health care packages;
2) Human resources;
3) **Drug supply and policy**;
4) Medical equipment, transport and communication equipment;
5) Infrastructure;
6) Organization of the MOH;
7) Partnership;
8) Financial administrative and management systems (FAMS);
9) Monitoring and evaluation/health information management system (HMIS); and,
10) Financing.

The implementation of these reforms has already started under the leadership of the health reform implementation team (HRIT). The major accomplishments to date include:

1) Increase in the share of the total central budget allocated to health from 8 percent in 1993 to 14.4 percent in 1996, of which 10 percent was allocated for drugs;
2) Creation of a National Health Services Act (11/6/94);
3) Introduction of cost-sharing medical fees at different levels;
4) Rehabilitation of urban clinics and rural health centers;
5) Improvement of work environment (incentive bonuses, transportation and housing);
6) Creation of hospital and district health management boards;
7) Implementation of training programs in planning, management and financing;
8) Establishment of linkages between the Department of Social Welfare and the MOH;
9) Formulation of a laboratory policy;

10) formulation of a national drug policy;

11) Development of the FAMS;

12) Definition of essential cost-effective health packages;

13) Urban health development strategy; and,

14) Monitoring of releases from the Ministry of Finance to the MOH.

**Zambian Child Health Project**

In 1995, to support the health reform process, USAID finalized an agreement with the GRZ to establish the Zambia Child Health Project (ZCHP). This project is to be implemented by a group of cooperating agencies (CAs) including CDC/DDM, HRT, QAP, and RPM. The efforts of this team will be coordinated by the BASICS project.

The ZCHP’s five main objectives are:

1) Establishment of health center-community partnerships;

2) Improvement of pre-service and in-service training of health center staff;

3) Strengthening of technical capacity of MOH central, provincial and district levels;

4) Improved collection, analysis and use of data for decision making; and,

5) Mobilization of the private sector to improve child health.

The BASICS Project has established a fully staffed office in Lusaka.

**Rational Pharmaceutical Management Project**

As noted, USAID/Zambia has designated the RPM Project to be one of the CAs implementing the ZCH project. USAID has allocated field support funding for both 1996 and 1997. RPM will focus on issues related to the pharmaceutical sector.

RPM is a USAID/Washington-based project which is implemented through cooperative agreements with Management Sciences for Health (MSH) and the United States Pharmacopeial Convention (USP). RPM’s mission is to assist ministries of health to improve the management of their pharmaceutical resources in three technical areas:
1) Procurement and inventory management;

2) Drug information and rational use; and,

3) Drug product registration.

RPM delivers this assistance by implementing country programs composed of activities in these areas. Implementation takes place through short-term technical assistance which works with local counterparts to carry out training and management improvement activities. RPM also provides modest amounts of equipment, such as computers, and covers certain local implementation costs, based on mutually agreed upon work plans.

At present, in addition to Zambia, RPM operates programs in Mozambique, Ecuador, Nepal, Poland, Russia and the Central Asian Republics.

**RPM ACTIVITIES IN ZAMBIA**

In 1995, at the request of USAID/Zambia, Jim Bates (RPM Project Director), paid a two-day visit to establish a first contact with the local Mission and the Ministry of Health.

In June 1996, Jean-Pierre Sallet (RPM Deputy Director) spent three weeks in Zambia with the Department of Pharmaceutical Services (see Appendix C for trip schedule summary). The activity was funded by BASICS and made at the request of the Zambia Ministry of Health.

This consultancy included the following activities:

1) Visits to different types of facilities responsible for the delivery of health services;

2) Meetings with organizations involved in the public and private pharmaceutical sector;

3) Attending the first week of the national drug policy consensus workshop;

4) Meetings with donor representatives who are currently supporting the Zambia Program for Essential Drugs (ZAPED); and,

5) Identification of opportunities for USAID support in the pharmaceutical sector in conjunction with the MOH Pharmaceutical Department.

In addition to the above, RPM assisted with two additional activities which have already produced useful results. The first was the preparation of a proposal for the emergency procurement of essential drugs and medical supplies for the district and general hospitals, in collaboration with the DPS and the Health Reform Implementation Team (HRIT). The MOH
submitted this proposal to donors to seek funds to process an emergency restricted tender for the most critical essential drugs and medical supplies. District and general hospitals have not received any supplies for several months. A World Bank loan (US$ 6 Million) has been approved but stock will not arrive before December 1996. As a result DANIDA, DGIS, SIDA and GRZ have pledged the full estimated amount (US$ 3.8 Million). This emergency procurement should allow the health facilities to receive the most essential products for the next six months (see Appendix B for the proposal for emergency procurement).

The second activity was the negotiation of a contract between MSH (RPM's parent organization) and the MOH to assist the DPS with the computerization of the analysis of the World Bank bids, and to provide the MOH with an assessment of the DPS capacity to conduct such activities. As a result, Julie McFadyen (RPM System Coordinator) will spend two weeks in Lusaka in August.

It is clear that the Department of the Pharmaceutical Services (DPS) will be RPM's counterpart, in consultation with HRIT. Several discussions were held with its staff during this consultancy. This document describes the proposed activities.

PROPOSED RPM ACTIVITIES

The Zambia Program for Essential Drugs (ZAPED) was launched in 1984. External support for ZAPED is summarized in the following table:

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<tr>
<th>ORGANIZATION</th>
<th>CONTRIBUTION TO ZAPED</th>
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<tr>
<td>SIDA</td>
<td>Donation of Rural Kits, Technical Assistance, Institutional Collaboration with IHCAR</td>
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<tr>
<td>DGIS</td>
<td>Donation of Rural Kits, Evaluation</td>
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<td>NORAD</td>
<td>Donation of Urban Kits, Short Term TA</td>
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<tr>
<td>CIDA</td>
<td>Donation of Essential Drugs</td>
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<td>World Bank</td>
<td>Loan, Short Term TA</td>
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Unfortunately, the lack of adequate human resources, expertise, and clearly defined priorities did not allow the ZAPED to be fully developed/implemented. For obvious economic reasons, many post-graduate pharmacists prefer to work for the private sector. Recently two senior staff members have been added to the DPS, but there is still a need to strengthen DPS operations. This is an important condition for the successful implementation of the national drug policy, and for gaining confidence from donors and to secure their support.
The DPS has developed a national drug policy. The last draft was written in 1994 and a consensus workshop was held in June 1996. This should contribute to the implementation of the national health reform, which is considered by many as a major development.

The technical assistance needed by ZAPED falls within the RPM mandate and provides another opportunity for USAID involvement in health reforms. RPM typically begins a country program with an indicator-based assessment of the pharmaceutical sector. In the case of Zambia, however, most of this groundwork has already been completed with the preparation of the “pharmaceutical sector background papers” for the national drug policy formulation exercise. This means that RPM does not need to do a formal assessment and may begin by providing technical assistance for specific activities.

The role of the ZAPED key players (MOH, DPS, HRIT, Medical Stores Limited, Zambia National Tender Board is expected to change and/or be clarified in the near future. This change should be stimulated by the national health reform and national drug policy implementation efforts. However, many steps can be taken immediately to improve the current situation, providing that consideration is given to the GRZ long-term plans. Keeping this in mind, RPM is proposing the set of activities summarized below.

RPM’s overall objective in this program is to assist the MOH in strengthening the implementation of ZAPED and also to establish a collaborative long-term relationship with the MOH and the DPS.

In light of the aforementioned and within the overall mandate of the ZCH Project, RPM proposes the following activities:

1) Assistance in the development of the national drug policy;
2) Coordination of the implementation of a joint US FDA/USP national workshop;
3) Assistance to the DPS in the implementation of a revolving drug fund;
4) Computerization of procurement and quantification activities at the DPS;
5) Training of district health workers in drug supply management and rational drug use; and,
6) Computerization of procurement, storage and distribution activities at:
   a) Lusaka Teaching Hospital Pharmacy (UTH)
   b) Medical Stores Ltd./Essential Drug Store (MSL/EDS).

This proposed set of activities should be implemented over a two to three year period. The implementation depends largely on the amount of funds available. After discussions with USAID, the Ministry of Health, and other concerned parties, a realistic plan will be finalized.
Details on the work to be carried out are given below.

**National Drug Policy**

The Department of Public Health Sciences, IHCAR, from the Karolinska Institute of Stockholm, has established an institutional collaboration with the Zambia MOH. As a result the DPS has coordinated the development of eight background papers:

1) Procurement, Distribution and Financing of Essential Drugs and Medical Supplies;
2) Local Drug Production;
3) Legislation and Regulation;
4) Quality Assurance;
5) Human Resources Development;
6) Rational Drug Use, Selection, Research and Development;
7) Traditional Medicine; and,
8) International Collaboration.

These papers describe the public and private pharmaceutical sector in Zambia and include recommendations. They were presented at the National Drug Policy Consensus Workshop held in June 1996, in Lusaka. During this workshop the papers were reviewed and a final draft is being prepared. RPM was invited to attend this workshop. The final draft should be presented at the second upcoming workshop in September.

RPM is expected to attend and to contribute to the development of the implementation plan in the areas of:

1) Procurement, distribution financing;
2) Quality assurance; and,
3) Rational drug use, selection, operational research.
Joint U.S. Food and Drug Administration (FDA)/United States Pharmacopeia (USP) Workshop

The Ministry of Health has requested support from USAID/Zambia for the implementation of a joint workshop with the US FDA and the USP. These organizations are expected to provide guidelines for the effective implementation of systems for:

1) Drug registration and regulation;
2) Quality assurance;
3) Procurement;
4) Post-market surveillance; and,
5) Drug information.

The participants will be drawn from the medical and pharmaceutical sectors. This activity should be included in the national drug policy implementation plan and therefore should not take place before the policy is adopted.

RPM, located in the Washington, DC, area, has already contacted the FDA representative for the Africa region and has established a close relationship with the Drug Information (DI) Department of the USP through their collaboration within the RPM project. RPM is very well positioned to program and coordinate this workshop with the DPS and the Zambia MOH.

To assist the MOH with this activity, RPM will:

1) Finalize the workshop agenda with all interested parties;
2) Draft a comprehensive budget (which will include the participation of FDA, USP and RPM representatives) for submission to the USAID Mission;
3) Coordinate workshop preparations with US and Zambian counterpart; and,
4) Present session on procurement.

Implementation of a Revolving Drug Fund (RDF)

The Zambia MOH has received a US$6 million loan from the World Bank for the purchase of essential drugs and medical supplies for the general (10) and district (50) hospitals. The procurement is done through international competitive bidding (ICB) procedures according to the World Bank rules and regulations. This loan should be used as a starting capital for the
establishment of a revolving drug fund to be used exclusively for the procurement of essential drugs and medical supplies. The MOH is expected to decentralize the budget to the health facility level and implement a cost recovery mechanism, but a full plan has not yet been finalized. Another US$3.8 million is expected to be “injected” in the system as a result of the donor supported emergency procurement.

Accountability and the monitoring of quantity purchased and distributed is a major concern for all interested parties (MOH and donors). One condition for the attribution of these supplementary funds is the guaranty that DPS implements a reliable monitoring and reporting system.

The implementation of a cost recovery mechanism is a very political decision and considerable time could pass before fees are actually charged and revenues begin to accumulate. RPM can help prepare the way by working with the DPS to put in place a comprehensive drug management information system (DMIS). This system should be used for both pull (requisition-based) and push (kit-based) systems which are used by hospitals and health centers respectively. This DMIS, to be maintained by the DPS staff, would allow the DPS to track expenses by facilities, and to:

1) Monitor payment from health facilities;
2) Monitor payment to suppliers;
3) Monitor the status of the revolving drug fund balance;
4) Assist the DPS in monitoring distribution practices;
5) Provide data for consumption-based quantification;
6) Provide consumption data on specific vertical programs (TB, AIDS, family planning);
7) Complement drug use studies; and,
8) Perform various cost analysis (e.g., ABC analysis).

RPM has developed many models (manual and computerized) for this purpose which have already been field tested. The most appropriate ones will be adapted to suit the Zambia situation. The information provided should be a major asset for the upcoming decentralization and the progressive implementation of a cost recovery scheme.

RPM will work closely with the HMIS technical group and other CAs involved in MIS and financing activities to avoid duplication of efforts and ensure the compatibility of the proposed models.
For this activity RPM will:

1) Study the flow of information, systems, and forms used to collect and report information (or those proposed by other projects) in the drug supply system;

2) Identify the main indicators;

3) Propose a DMIS suitable for various levels of use for review (this includes manual and computerized systems);

4) Develop an implementation plan;

5) Provide training to MOH staff; and,

6) Monitor, evaluate and revise/update the system as needed.

Computerization of Procurement and Quantification Activities at the DPS

Tenders are conducted by the Zambia National Tender Board (ZNTB), but the DPS is still very much involved in the procurement process. DPS is responsible for compiling product specifications, quantity requirements, checking the validity of the bids, preparing adjudication documents and monitoring suppliers’ performance. These activities should be fully integrated into the proposed DMIS. However, unlike the management of the RDF which is done on a daily basis, these activities are conducted on an ad-hoc basis.

After the closing date of the World Bank tender (August 2), RPM is expected to assist the DPS in computerizing the analysis of bids (contracted by the MOH using the World Bank loan fund). RPM has developed a tender management software program and will train the DPS in its use; additional training will be provided during subsequent visits.

For this activity RPM will:

1) Train the MOH staff in the use of the tender management software; and,

2) Assist the DPS and the MOH in improving procurement practices through the implementation of new practices, such as supplier preselection to guarantee that quality products are obtained at competitive prices.

Essential drugs needs requirements for the Zambia health care system are still not clearly defined. Previous studies show that needs requirements are somewhere between US$20 million and US$36 million. The true figure will depend to a great extent on the efficiency and “transparency” of the procurement system. The current 1996 MOH budget is about US$6 million. Some morbidity data is available but not analyzed on a regular basis.
RPM has developed a software program, “ESTIMED”, which performs consumption- and morbidity-based quantification studies.

For this activity RPM will:

1) Define protocols for the collection of consumption and morbidity data;

2) Train data collectors;

3) Train the DPS staff in the use of “ESTIMED”;

4) Assist the DPS in the processing and analysis of the data; and,

5) Present both qualitative and quantitative results (item description, number of units and dollar value) for submission to the Ministry of Finance.

Training of Provincial Health Workers in the Area of Drug Supply Management and Rational Drug Use

The MOH is planning to decentralize the management of monthly allocation at the facility level (hospitals, health centers). At these sites the training of the staff responsible for procurement varies from fully qualified pharmacists to community health workers, including nurses and clinical officers. Most of them have not received any formal training in logistic management. Irrational prescribing has also been reported.

Hospitals are using a pull system, in which they get their supplies after sending requisition to the DPS or through local direct purchases. The health centers are using a push system and are receiving kits on a monthly basis (one kit for 1000 encounters). The situation at the health center level is quite satisfactory as kits are provided regularly. In contrast, at the hospital level, the regular supply of essential drugs and medical supplies has stopped since March 1996. The hospitals are experiencing a major shortage of the most vital products. Goods from the World Bank tender might not be delivered before December 1996. As noted previously, an emergency procurement is being undertaken by the DPS.

Recommendations have been made to switch progressively from a push (kit) system to a pull (requisition) system. In order for this to work, however, it will be necessary to provide provincial health personnel with appropriate management skills.

The efficient management of limited resources is critical at every level to support the Zambia health system, including the newly implemented integrated management of childhood illness (IMCI).
MSH Drug Management Program (DMP) has developed a set of training modules (trainers’ and participants’ guides) which have been field tested through many national and regional training courses worldwide.

Using these materials as a basis to develop a Zambia-specific training module, RPM will assist the DPS to organize and implement a series of workshops that will be targeted at provincial health staff. Participants should include prescribing and dispensing personnel and will focus on drug supply management and rational drug use issues.

RPM has used the following model in Mozambique to:

1) Organize a workshop at the national level;

2) Identify potential trainers among the participants;

3) Provide training skills to the selected participants; and,

4) Organize a regional (or provincial) workshop using these selected participants as main trainers.

RPM could apply the same model in Zambia. This model has the advantage of building the capacity of the MOH to replicate this course at different levels and to involve Zambian personnel at a very early stage.

During these courses participants have to prepare a project to address a problem relevant to drug supply or use in their own environment. RPM could conduct field visits to assist the participants in the implementation and monitoring of these projects.

**Computerization of University Teaching Hospital (UTH) and Medical Stores Limited (MSL/EDS)**

Hospitals are getting their supply from MSL and can also buy directly from local suppliers. As hospitals’ expenditure for pharmaceutical products in Zambia is estimated at about 75 percent of the MOH drug budget, any improvement in the stock management at this level should have a major impact. Located in Lusaka, the UTH is the largest hospital in Zambia and accounts for a large portion of health expenditures.

INVEC (Inventory Control and Tender Management software) developed by DMP would allow the automation of all transactions processed at the hospital pharmacy. The possibility of using UTH as a pilot site was discussed with the DPS.

A few items used by vertical programs are stored and distributed by the DPS, but the MSL is responsible for the reception, storage and distribution of all other essential drugs and medical
supplies, including kits. MSL also buys directly from suppliers (local or foreign) whenever goods are needed. MSL is a parastatal entity which is controlled by the government and therefore does not have the complete autonomy of a typical commercial entity.

Different scenarios have been proposed to reform the role of MSL and clarify its relationship within the MOH but no plan has been finalized. Because of its dual role and the plan for future privatization, MSL is already seen as an outsider by some. We strongly believe that any efforts which are made to improve the management and the flow of information at MSL could only benefit the overall operations of the national supply system.

The software program INVEC was designed specifically for organizations like MSL. The computerization of MSL operations should be completed before the end of this year, so INVEC could be operational at the beginning of the financial year.

INVEC has been used to support procurement, storage and distribution for several years in Zimbabwe by the Zimbabwe Drug Action Program (ZEDAP); a study tour to Zimbabwe could be organized.

To support the installations at UTH and MSL, RPM will:

1) Study the forms and procedures in place;

2) Customize INVEC so it can generate forms identical to the one in use (or recommend new forms if needed);

3) Conduct a joint workshop to train MOH, UTH and MSL staff;

4) Identify a local counterpart and train him to provide follow-up support;

5) Install the system at both sites with local counterpart;

6) Provide follow-up visits; and,

7) Provide more advanced training in report generation, if appropriate.

Other Potential Activities

RPM could also provide support in other activities such as formulary development, assistance in implementing a continuing education program, and development of a curriculum for in-country pharmacist training with GRZ. The creation of a drug information center could also be supported if supplementary funds could be allocated to the RPM/USP component.
Since its last visit, RPM has been contacted by the Head of the Pharmacy Section of the Evelyn Hone College. It was agreed that RPM will provide the new version of Managing Drug Supply, as soon as it is published, to this section library and to the students. A copy of the new USP Drug Information, Volume I and II, was given (compliments of USP) to the DPS library during this last visit.

A timetable for all the activities described in this section is given in Appendix A. The estimated level of effort is 19 persons/month.

**FUNDING**

For 1996, USAID/Zambia has authorized a US$100,000 field support funds transfer to RPM. During the debriefing with the Mission the team was told that another US$100,000 was already programmed for 1997.

The total cost of the proposed activities is estimated at US$566,000:

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<th>ACTIVITY (Listed in no particular order)</th>
<th>RPM (Est. Field Support)</th>
<th>BASICS (Est. Cost)</th>
<th>OTHERS (Est. Cost)</th>
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<tbody>
<tr>
<td>a) National Drug Policy</td>
<td>US$ 14,000</td>
<td></td>
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<tr>
<td>b) FDA/USP Workshop</td>
<td></td>
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<td>US$ 41,000</td>
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<tr>
<td>c) Revolving Drug Fund (DMIS)</td>
<td>US$ 80,000</td>
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<tr>
<td>d) Procurement and Quantification</td>
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<tr>
<td>e) Drug Supply Management and Rational Drug Use training</td>
<td>US$ 100,000</td>
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<td>f) UTH and MSL Computerization</td>
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<td>Allocable (+30 percent)</td>
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<td>SUB-TOTAL</td>
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<td>GRAND TOTAL</td>
<td>US$ 566,000</td>
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**Notes:**

b) FDA/USP Workshop:

During the meeting with the USAID Mission in Lusaka, the team was told that the Mission should be able to identify additional funds to finance this activity. Given the upcoming
presidential election, the adoption of the national drug policy might be delayed. The adoption of the policy is a prerequisite for the implementation of these activities. Therefore, this workshop might not have to be programmed before early next year. This allows some time to identify a suitable mechanism for the funding of this activity.

e) Drug Supply Management and Rational Drug Use Course:

The cost of this activity includes all the local costs (participants’ lodging, transportation, per diem) which are estimated at US$128,000. There was some discussion with the BASICS staff in Lusaka and in Washington and it appears that BASICS might be able to pay for local costs. RPM will then pay for their consultants, the material production and revision. Another potential contributor for this activity is DGIS. Since they have some funds allocated for technical assistance, a proposal could be made for a joint activity in which RPM would pay for one consultant and DGIS for another one.

Therefore, if the cost of the above activities is supported/shared according to the described schema, the actual amount needed by RPM to conduct all these activities is about US$397,000. This amount includes an extra 30 percent which has to be added to include field support. In April 1995, USAID made a major shift in funding strategies for centrally funded cooperative agreements. Home office operating costs, which were previously covered entirely by core funds, are now expected to be charged a pro-rated share of these costs to each of the CAs’ different field support accounts. The result for all RPM country programs, including Zambia, is that the field support funds available for direct in-country work have been reduced by approximately one-third.

OPPORTUNITIES FOR COLLABORATION

In the countries where it provides technical assistance, RPM has tried to identify potential opportunities for collaboration with other donors and organizations. This has proven to be a very efficient way to optimize the use of available resources and to avoid duplication and confusion among concerned parties. Such collaboration could take a number of forms:

1) Joint consultancy;

2) Financial contribution in part or in full to the RPM activity;

3) Support of costs which are not allowable under the RPM contract (e.g., MOH recurrent costs);

4) Follow-up on RPM activities; and

5) RPM follow-up on other agency activities.
After this visit to Zambia, it appears that the same could apply. Potential for collaboration is summarized in the following table.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Drug Policy</td>
<td>IHCAR</td>
</tr>
<tr>
<td>U.S. FDA/USP Workshop</td>
<td>FDA, USP, USAID</td>
</tr>
<tr>
<td>Revolving Drug Fund</td>
<td>DANIDA, DGIS</td>
</tr>
<tr>
<td>Computerization of Procurement and Quantification</td>
<td>FPLM, DDM</td>
</tr>
<tr>
<td>Drug Supply Management and Rational Drug Use Workshop</td>
<td>BASICS, DGIS, FPLM</td>
</tr>
<tr>
<td>Computerization of Procurement, Storage and Distribution</td>
<td>FPLM, DDM</td>
</tr>
<tr>
<td>OBJECTIVES/ACTIVITIES</td>
<td>LOE (Months)</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>a. NATIONAL DRUG POLICY</td>
<td></td>
</tr>
<tr>
<td>- Attend 2nd Consensus Workshop</td>
<td>0.25</td>
</tr>
<tr>
<td>- Draft Implementation Plan</td>
<td>0.35</td>
</tr>
<tr>
<td>b. FDA/USP Workshop</td>
<td></td>
</tr>
<tr>
<td>- Prepare program</td>
<td>0.25</td>
</tr>
<tr>
<td>- Prepare material</td>
<td>2x0.25</td>
</tr>
<tr>
<td>- Coordinate Workshop</td>
<td>0.25</td>
</tr>
<tr>
<td>c. REVOLVING DRUG FUND(DMIS)</td>
<td></td>
</tr>
<tr>
<td>- Study Current System &amp; Assess Information needs</td>
<td>0.50</td>
</tr>
<tr>
<td>- System Proposal &amp; Approval</td>
<td>0.50</td>
</tr>
<tr>
<td>- System Design</td>
<td>1.00</td>
</tr>
<tr>
<td>- Implementation &amp; Training</td>
<td>1.00</td>
</tr>
<tr>
<td>- Monitoring &amp; Evaluation</td>
<td>1.00</td>
</tr>
<tr>
<td>d. PROCUREMENT &amp; QUANTIFICATION</td>
<td></td>
</tr>
<tr>
<td>PROCUREMENT</td>
<td></td>
</tr>
<tr>
<td>- Define Requirements</td>
<td>0.25</td>
</tr>
<tr>
<td>- System Design</td>
<td>0.25</td>
</tr>
<tr>
<td>- Training &amp; Implementation</td>
<td>0.25</td>
</tr>
<tr>
<td>- Monitoring &amp; Evaluation</td>
<td>0.25</td>
</tr>
<tr>
<td>QUANTIFICATION</td>
<td></td>
</tr>
<tr>
<td>- Define Study Protocol</td>
<td>0.50</td>
</tr>
<tr>
<td>- Train Data Collector</td>
<td>0.25</td>
</tr>
<tr>
<td>- Data Collection</td>
<td>2x0.25</td>
</tr>
<tr>
<td>- Presentation of Results/Revision</td>
<td>0.25</td>
</tr>
<tr>
<td>e. DRUG SUPPLY MANAGEMENT &amp; RATIONAL DRUG USE TRAINING</td>
<td></td>
</tr>
<tr>
<td>- National Workshop</td>
<td>2x0.75</td>
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<tr>
<td>- TOT workshop</td>
<td>0.50</td>
</tr>
<tr>
<td>- Material Revision</td>
<td>0.50</td>
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<tr>
<td>- Regional/Provincial Workshop</td>
<td>0.75</td>
</tr>
<tr>
<td>- Material Revision</td>
<td>0.50</td>
</tr>
<tr>
<td>- Regional/Provincial Workshop</td>
<td>0.75</td>
</tr>
<tr>
<td>- Analyze Training Material</td>
<td>0.50</td>
</tr>
<tr>
<td>- Follow up on Participant Projects</td>
<td>0.50</td>
</tr>
<tr>
<td>- Additional Training (e.g. Custom report Design)</td>
<td>0.25</td>
</tr>
<tr>
<td>f. UTH &amp; MSL COMPUTERIZATION</td>
<td></td>
</tr>
<tr>
<td>- Train MOH &amp; MSL Staff</td>
<td>2x0.25</td>
</tr>
<tr>
<td>- Implementation at UTH</td>
<td>0.25</td>
</tr>
<tr>
<td>- Implementation at MSL</td>
<td>0.25</td>
</tr>
<tr>
<td>- Monitoring at UTH &amp; MSL</td>
<td>0.50</td>
</tr>
<tr>
<td>- Additional Training (e.g. Custom report Design)</td>
<td>0.25</td>
</tr>
<tr>
<td>TOTAL LEVEL OF EFFORTS (Months)</td>
<td>18.60</td>
</tr>
</tbody>
</table>

NOTE: All activities will not start at the same time, the information is given for purpose of illustration only.
A final schedule of activities will be designed once the workplan is approved.
PROPOSAL FOR EMERGENCY PROCUREMENT OF ESSENTIAL DRUGS AND MEDICAL SUPPLIES FOR DISTRICT AND GENERAL HOSPITALS
(SUBMITTED TO HRIT - June 28, 1996)

BACKGROUND

The availability of essential drugs and medical supplies at the district and general hospitals is critical to support the national health care program. In Zambia, most of the essential products have not been available for the last six months at these levels, due mainly to the lack of adequate funds and poor procurement practices. The budget allocated to the procurement of essential drugs and medical supplies is inadequate and the Ministry of Health is heavily dependent on donor support. However, donor support has been focusing on the primary health care level, where drug kits have been supplied regularly. Therefore, the situation at the health center level is satisfactory.

Most of the procurement for the hospitals is done through local suppliers (whose prices are known to be above average international prices). Local suppliers have continued to provide drugs to hospitals despite poor payment practices from the Government. The current government debt to local suppliers is estimated at US$3,000,000. As a result, all Ministry of Health funds allocated for drugs are used to pay off this debt and no more purchases are authorized.

Hospitals can use 5 percent of their monthly grant for the emergency purchase of drugs and medical supplies and not to support regular needs. This amount is inadequate to cover the current lack of supplies. It was proposed to increase this percentage to 25 percent, but this is not feasible and is perceived as a short-term solution only.

The Ministry of Health has received a loan from the World Bank for the procurement of drugs and medical supplies; US$6,000,000 to cover the district and general hospital needs for eight months. The procurement is to be done using International Competitive Bidding (ICB) practices according to World Bank rules and regulations. This process started in August of 1995, but because of technical and administrative constraints the "no objection" was received in June 96. The closing date for this tender is July 19. Even if the bids are processed, analyzed, and contracts awarded in the most efficient and timely manner, goods are not realistically expected before December 1996. A minimum gap of six months is anticipated in the distribution of drugs and medical supplies for the district and general hospitals.

On Friday, June 21, the Health Reform Implementation Team (HRIT) convened an emergency meeting with the heads of the Department of Pharmaceutical Services (DPS) to address the current situation. It was decided that the DPS will prepare a list of priority/vital items from the Essential Drug List (which has just been revised) to assist the Ministry of Health efforts in seeking emergency donor support. The results are presented in this document.
METHOD

Using the quantification figures prepared for the World Bank tender, the DPS has identified 89 vital items (78 drugs and 11 medical supplies) out of the 193 items to be procured under the World Bank tender (see Annex I). In some cases quantities were reduced. This limited range of drugs and medical supplies should allow the treatment of the most prevalent diseases in Zambia (e.g. malaria, STD, ARI, diarrhoea) and permit surgery. The total monthly requirement for 60 district hospitals is estimated at US$515,000 and at US$131,000 for the 10 general hospitals. Therefore, the amount required for the monthly procurement of these facilities is about US$646,000 (costing was done using the 1996 IDA price indicator plus 20 percent for shipping charges). Using these figures, the amount needed to cover a six-month period is about US$3,882,000 (less than US$0.50 per capita for six months).

DONOR SUPPORT

A second meeting was held on June 25, 1996, during which the donors have indicated a possible increase of the basket, which could be allocated towards meeting an urgent procurement as follows:

- DANIDA: US$500,000
- The Netherlands: US$1,000,000
- SIDA: US$1,000,000

To meet the estimated requirement for the district and general hospitals, an additional US$1,382,000 is required. Even if the Zambian government is using the drug budget to settle old debts, part of this requirement might be met by Government of the Republic of Zambia (GRZ). Alternatively, the list of vital items should be reduced further.

RECOMMENDATIONS

It is critical to strengthen the DPS capacity to conduct procurement activities in order to obtain quality products at competitive prices. This is also critical to gain/regain confidence from all the collaborating institutions. The role of DPS and the Medical Stores Ltd. should be clarified once the National Drug Policy is approved, but this should be considered only as a long-term strategy. Meanwhile, steps should be taken by the DPS to improve the situation and to start to implement mechanisms which can guarantee that essential drugs are obtained in a timely manner and accounted for by their “clients”. The National Health Reform promotes the decentralization of the hospitals’ budgets, and, using the World Bank loan as starting capital, a revolving drug fund should be set up. The DPS should start monitoring expenditures and costing all transactions to lay the foundations for the implementation of a cost recovery system.
To respond to the current critical situation, the MOH must immediately take the necessary measures to ensure that priority items start to arrive in Zambia by the end of July. It is therefore recommended that:

- The DPS assign a senior member staff to the HRIT office to facilitate the coordination of the procurement activities.

- All efforts should be made by the DPS to ensure that the World Bank tender goes according to plan (adjudication should be completed before mid-August), and to contact contracted suppliers to explore the possibility to expedite or secure receipt of goods according to contract lead time.

- The Ministry of Health/HRIT approaches all cooperating partners/donors to secure funds for an emergency procurement.

- If only a fraction of the funds required (about US$4 million) cannot be raised, the numbers of items to be purchased must be reduced according to immediate priorities. The DPS will advise on this matter.

- The Ministry of Health processes an emergency tender to seek availability and quotes from a selected number of reputable international suppliers (see attached list) and negotiates acceptable payment terms. These suppliers are known to be responsive in emergency situations and to provide quality generic products at competitive prices. A sample contract is also provided in Annex III. Airfreight is the preferred method of shipment at least for the first consignment. We would like to propose the following schedule:

  - Once funding is approved, revision of the items listed in Annex I. The Request for Quotes Form will be also be revised accordingly (1 DAY).

  - Revision and acceptance of the proposed contract. Request for quotes will be sent to potential suppliers: one copy by fax and one copy by courier service - DHL/FEDEX (1 DAY).

  - Suppliers will be given five working days to respond by courier service (fax might be acceptable) (5 DAYS).

  - Quotes are received and analyzed (a spreadsheet or a database program should be used) (2 DAYS). If needed, technical assistance shall be provided.

  - HRIT and the Tender Board will assess the validity of the bids and adjudicate products. Because of the emergency of the situation, the proposed lead time and quantities offered for the first consignment will be important criteria in addition to the proposed cost. If needed, tenders will be split among 2 or 3 suppliers maximum (e.g. a supplier might be awarded the first consignment because of the
short lead time, and the remainder might be awarded to a second supplier with a longer lead time but a cheaper offer) (1 DAY).

- Suppliers are awarded contracts (by fax and courier) according to the outcome of the adjudication exercise and prepayments are processed (2 DAYS).

- The first consignment is received (3-4 WEEKS).

Note: Using the best possible scenario, it should take about 5 to 6 weeks from the beginning of this process until the first shipment is received. Therefore it is important to ensure that all needed resources are available. HRIT will coordinate this activity in association with the DPS.

- The DPS implements an effective system for the allocation and distribution of these items in order to increase accountability. That is:

- Once the contracts are awarded to suppliers, a price list, which should include the estimated time of arrival (ETA), should be transmitted to the hospitals. They will then start preparing their requirements on the standard requisition form (Requisition/Issue Voucher for Medical Supplies) provided by the DPS.

- The DPS will prepare a list of items to be distributed on a monthly basis for each type of facility. This list will be used to monitor the distribution.

- The DPS will negotiate a delivery schedule with Medical Stores Ltd. (MSL) according to the anticipated ETA.

- Upon receipt of the goods at the Medical Stores, all district and general hospitals will be notified about the nature and the cost of the items available.

- Hospitals will submit their requests to the DPS. No issues will be processed unless the requisition form is filled out, and signed by an authorized officer.

- The requisitions will be costed and evaluated by the DPS; if necessary, quantities will be adjusted.

- The requisitions will then be submitted to the Medical Stores Ltd. The goods will be picked up and distributed to the hospitals.

- The DPS will receive a copy of the requisitions, which will indicate the quantities distributed and cost.

- The DPS will track expenditures for each hospital and monitor the stock level at the Medical Stores Ltd.
The DPS will provide monthly financial reports to the Permanent Secretary and HRIT.

- The DPS should explore the feasibility of providing hospital outpatient departments (OPD) with essential drug kits, as it appears that the cases treated at the OPD can be very similar to the ones that are seen at the health centers.

- Because of the nature of this procurement, it might be necessary to negotiate more favorable distribution charges with Medical Stores Ltd. The current charges are equal to 10 percent when goods are distributed and 5 percent when they are picked up by the client.
LIST OF POTENTIAL SUPPLIERS:

ACTION MEDEOR
Deutsches Medikamenten-Hilfswerk
St. Tonister Strasse 21
D-47918 Tonisvorst
GERMANY
Phone: (02156)-97880
Fax: (02156)-80632

APOTEKERNES FAELLSINDKJOP AS
4 Lauritzen PO BOX 161
Kalbakken 0903 Oslo
NORWAY
Phone: 47-22-168-000
Fax: 47-22-167-915

IDA
P.O. Box 37098
1030 AB Amsterdam
THE NETHERLANDS
Phone: 31-20-4033051
Fax: 31-20-4031854

ORIAH PHARMA
Van Trierstraat 40
B-2018 Antwerp
BELGIUM
Phone: 32-3-216-39-78
Fax: 32-3-216-98-97

TRI-MED
P.O. Box 432
93 Grove Street
Peterborough, NH 03458
USA
Phone: 603-924-7211
Fax: 603-924-9023

ECHO
Ullstwater Crescent
Coulsdon Surrey CR5 2HR
UNITED KINGDOM
Phone: 44-181-660-2220
Fax: 44-181-668-0751

MISSION PHARMA A/S
Vassingerodevej 9
DK-3540 LYNGE
DENMARK
Phone: 45-4817-1486
Fax: 45-4817-1622
ZAMBIA: VISIT SCHEDULE

Wednesday 12 June:

We arrived in Lusaka and were picked up by the Basics Project vehicle. We received an invitation to the National Drug Policy Consensus workshop to be held during the last week of June.

Thursday 13 June:

We had our first meeting with the senior staff of the MOH Department of Pharmacy Services (DPS):
- Mr. Swide Tembo - Ag. Director
- Mr. Oliver Hazemba - Senior Pharmacist
- Ms. Peggy Fulilwa - Pharmacist, Regulatory Department

We went in detail through the scope of work for this consultancy and clarified a few points. General issues related to the Zambia pharmaceutical sector were also discussed. As the drug selection workshop scheduled for the following was postponed (because of the upcoming National Drug Policy Consensus Workshop), it was agreed that the following week would be an opportunity to visit various institutions responsible for the procurement, storage and distribution of pharmaceuticals at all levels and for both private and public sector. We received five background papers that will be used to support the development of the Zambia National Drug Policy:
- Quality Assurance of Pharmaceuticals and other related products
- Drug Legislation and Regulation
- Financing, Procurement, Storage and Distribution of Pharmaceuticals and Medical Supplies
- Local Pharmaceutical Production
- Human Resources Development

We also received a draft paper for a workshop which should involve the US Food and Drug Administration.

In the afternoon we attended the IMCI (Implementation of Management of Childhood Illnesses) meeting. The availability of critical drugs appeared as a major concern towards the successful implementation of this initiative.

Friday 14 June:

We met again with the DPS staff to confirm the program for the field trips.
This service has just started the implementation of SIAMED (WHO Drug Registration Software), but had reported an error which prevented them from entering data. This was caused by an error in the computer’s configuration and fixed by the consultant. We also “cleaned” one database which had duplicate records.

We visited the Garden House Hotel (on the outskirts of Lusaka) where the National Drug Policy Consensus Workshop is to be held.

We began the revision of the background papers.

**Saturday 15 June:**

Review of background papers.

**Sunday 16 June:**

Review of background papers

**Monday 17 June:**

At the Pharmacy Services Department, we were introduced to Dr. Arne Thorfinn (Health Planner) and Mr. Ronald Kampamba (NDP Coordinator). They have been instrumental in the preparation of the National Drug Policy reform. We discussed the purpose of this visit with them.

The rest of the day, accompanied by Ms. Fulilwa, we visited the following:

<table>
<thead>
<tr>
<th>Company/Institution</th>
<th>Contacted Persons</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Stores Limited</td>
<td>Ben Mulenga</td>
<td>Senior Manager Marketing</td>
</tr>
<tr>
<td>Medical Stores Limited</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This parastatal body is the main supplier of the Ministry of Health. They are responsible for the distribution of the kits, a few “bulk” items and some contraceptive items.

<table>
<thead>
<tr>
<th>Company/Institution</th>
<th>Contacted Persons</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interchem</td>
<td>Boyd Muyatwa</td>
<td>Sales Manager</td>
</tr>
<tr>
<td>Interchem</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One of the main distributors/manufacturers in Zambia, they have been providing pharmaceutical to the public sector (hospitals) and continue to do so despite the Government’s poor payment records.

<table>
<thead>
<tr>
<th>Company/Institution</th>
<th>Contacted Persons</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mikwa Pharmacy</td>
<td>Beatrice M. Tembo</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>Mikwa Pharmacy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A “model” pharmacy which dispenses drugs to a privileged clientele. They import drugs from the UK through their wholesaler for clients that do not want to buy “ordinary” (e.g. Indian) generic drugs.
Katales Chemist  Freda Mandon a  Pharmacist

A newly established community pharmacy in a rural-urban setting.

**Tuesday 18 June:**

Accompanied by Mr. Hazemba we started the field trip visits outside Lusaka at the following:

<table>
<thead>
<tr>
<th>Company/Institution</th>
<th>Contacted Persons</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kabwe General Hospital</td>
<td>Anthony Chisanga</td>
<td>Pharmacist</td>
</tr>
</tbody>
</table>

This provincial hospital orders their supplies directly from Medical Stores Ltd. or private distributors when necessary. Their current stock is limited (e.g. they had only one tin of chloroquine tablets) and disorganized.

<table>
<thead>
<tr>
<th>General Pharmaceutical Ltd.</th>
<th>Mary Mpafya</th>
<th>Head of Quality Assurance</th>
</tr>
</thead>
</table>

The sole Zambian manufacturer of IV fluids and ORS. The plant was not operating at the time of our visit, but we were told that operation should resume mid-July. This company also imports and distributes pharmaceutical products from Italy, mainly to ZCCM.

<table>
<thead>
<tr>
<th>Chilombo Health Centre</th>
<th>Bernard Mwewa</th>
<th>Senior Clinical Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.P Chishimba</td>
<td></td>
<td>Midwife</td>
</tr>
<tr>
<td>D. Mpukuta</td>
<td></td>
<td>Environmental Health Officer</td>
</tr>
</tbody>
</table>

A rural health center which receives one kit per month and serves a population of about 1500 people.

**Wednesday 19 June:**

Accompanied by Ms. Fulilwa we visited the following facilities:

<table>
<thead>
<tr>
<th>Company/Institution</th>
<th>Contacted Persons</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kafue Estate Clinic</td>
<td>J. S. Mkandawire</td>
<td>Clinical Officer in Charge/Pharmacy</td>
</tr>
<tr>
<td>Lusaka Urban Clinic</td>
<td>Mildred Mulenga</td>
<td>Senior Pharmacy Technician</td>
</tr>
<tr>
<td>Chilenje Health Centre</td>
<td>Media Chikwanda</td>
<td>Nursing Sister</td>
</tr>
<tr>
<td>Chawama Health Centre</td>
<td>Sarah Ngoma</td>
<td>Sister Acting in Charge</td>
</tr>
</tbody>
</table>

These clinics and health centers are recipients of kits and are relatively well stocked. They all reported that the drug situation has improved since they began to receive the kits on a regular basis.

<table>
<thead>
<tr>
<th>Pharmacare Zambia Ltd.</th>
<th>Davis Songwe Mulenga</th>
<th>Medical and Sales Representative</th>
</tr>
</thead>
</table>
This company is the main importer of insulin for Zambia.

**Thursday 20 June:**

We had a breakfast meeting with Dr. Remi Songuro (Basics’ Chief of Party), during which we gave our first impression of the areas in which RPM could provide technical assistance.

Accompanied by Mr. Swide Tembo we met with Mr. Jeroen Verheul (First Secretary, Royal Netherlands Embassy) and his successor Dr. Erik Peeperkorn. DGIS has been one of the main supporters of the Essential Drug Program by providing technical assistance and funds for the purchase of Kits.

In the afternoon we attended a lecture presented by the Department of Pharmacy Services at the School of Community Medicine to 6th Year medical students. This lecture focused on introducing the students to the National Drug Policy and the role of the DPS.

**Friday 21 June:**

We spent some time at the DPS to demonstrate various MSH software programs which could be used to support the EDP in Zambia. Because of a National Swedish event our meeting with the SIDA representative was postponed.

We met with the Health Reform Implementation Team (HRIT) in the afternoon. Because of serious shortage at the hospital levels (district and provincial), HRIT called this emergency meeting to address this critical situation. It was decided that the DPS will prepare a document which will include a list of priority/vital items to assist the MOH in seeking donor support.

**Saturday 22 June:**

We worked with Oliver Hazemba to prepare a document for an emergency procurement of essential drugs and medical supplies (see attached document).

**Sunday 23 June:**

We finalized the proposal for emergency procurement with Mr. Hazemba and Tembo. We were invited to the Garden House Hotel to attend a planning meeting for the upcoming National Drug Policy Consensus Workshop.

**Monday 22 June to Thursday 27 June:**

We delivered the proposal for emergency procurement to the HRIT office. Most of the week was spent at the Garden House Hotel where the National Drug Policy Workshop was held. This workshop was organized by the DPS in collaboration with the Karolinska Institute (Division of International Health Care Research - IHCAR). Over 80
participants representing the various sections of the pharmaceutical sector in Zambia attended this meeting. The first day, background papers on the following topics, were presented:

- Procurement, Distribution and Financing
- Local Drug Production
- Legislation and Registration
- Quality Assurance
- Human Resource Development
- Rational Drug, Selection, Research and Development
- Traditional Medicine
- International Collaboration

On Tuesday and Wednesday, participants were divided into working groups and had the task of revising the background papers and drafting a policy document. We participated in the Procurement, Distribution and Financing group as resource people. Results were presented on Thursday.

**Thursday 27 June:**

We had a debriefing at the USAID Mission with Mr. Paul Hartenberger during which we presented an outline of proposed RPM interventions.

We met to discuss emergency procurement issues in the afternoon with the HRIT and representatives from DANIDA, SIDA, DGIS and ODA. This meeting was an opportunity to clarify some points from the “proposal for emergency procurement” paper. During this meeting it was mentioned that Donors have pledged about US$2.5M towards the purchase of essential drugs and medical supplies for the district and provincial hospitals. We were informed later that the full amount (US$3.8 Millions) was pledged.

**Friday 28 June:**

We delivered the revised documents to HRIT.
Depart from Lusaka.