SPS Afghanistan Associate Award

When the US Agency for International Development (USAID) returned to Afghanistan in early 2002, they found a health system in disrepair. With support from USAID, Management Sciences for Health (MSH), other donors and organizations, along with a dynamic and visionary Ministry of Public Health (MoPH) made dramatic improvements, particularly in the provision of basic health services by nongovernmental organizations (NGOs) contracted by the MoPH in the past decade. While progress is undeniable, increased patient access to high-quality essential medicines and more-rational prescribing and use of medicines will further improve health outcomes and health systems in the country.

To this end, USAID issued the SPS Afghanistan Associate Award (AA) in August 2011. It is the only project of its kind in Afghanistan, reaching beyond supply chain management to address all aspects of pharmaceutical management (see Topics in Pharmaceutical Management on page 6). The project’s technical objectives are—

- Strengthening Afghanistan’s pharmaceutical regulatory system
- Improving pharmaceutical supply chain management
- Building pharmaceutical human resource capacity
- Enhancing pharmaceutical services
- Upgrading information management for the pharmaceutical sector

SPS Afghanistan AA assists the MoPH at national and peripheral levels to integrate components of pharmaceutical management into national strategies for improving access to essential medicines, especially related to quality assurance, rational use, procurement, distribution, and management information systems.
Stakeholders Update Pharmacy Curriculum  

Established under the MoPH in 1959, Ghazanfar Institute of Health Sciences (GIHS) pharmacy department graduates 35 to 40 assistant pharmacists annually, yet its curriculum was last revised (and only partially) in 2001. These graduates are on the frontlines of patient care and need quality education to best serve clients.

With SPS support, Kabul University Faculty of Pharmacy, GIHS, the Ministry of Higher Education, and MoPH developed, finalized, and signed a memorandum of understanding between GIHS and Faculty of Pharmacy. Based on the memorandum, the Faculty of Pharmacy—working without additional material incentives—is providing academic support and SPS is contributing technical and financial support for the curriculum revision process. Additionally, stakeholders have established a working group for the curriculum update, have finalized terms of reference and action plans for each stakeholder, are holding regular meetings, and have publicly announced their commitment to this critical undertaking.

National Food & Medicine Board Committee Hosts First Coordination Workshop  

With technical and financial support from SPS Afghanistan AA, the Food Committee (FC) of Afghanistan’s National Medicine and Food Board (NMFB) led the first “Consultative Workshop to Develop Mechanisms for Coordination of Food Regulatory Activities in Afghanistan” on in September 2012 for more than 70 participants. The workshop’s goal was to raise awareness among stakeholders about the benefits of developing mechanisms for better coordination in food regulatory activities in Afghanistan.

Welcome from the Chief of Party  

Thank you for reading the inaugural issue of the SPS Afghanistan AA project newsletter. This first issue provides an overview for those who are unfamiliar with or only have limited knowledge of the project. Subsequent issues of this quarterly newsletter (available in both English and Dari) will promote awareness of technical issues in pharmaceutical management. Each issue will highlight one or two technical areas, and the achievements of SPS Afghanistan AA and our esteemed partners, the Ministry of Public Health (MoPH) General Directorate of Pharmaceutical Affairs (GDPA).

Please share this newsletter with your colleagues and encourage them to subscribe by e-mailing AFSPSenewsletter@msh.org. Please also e-mail us with your comments and suggestions for future issues.

Sincerely yours,
Zafar Omari  
Chief of Party, SPS Afghanistan AA
Stakeholders worked on core principles of and mechanisms for working together, agreeing to coordinate in ways ranging from informing to consulting, involving, collaborating, and initiating. Two more workshops have been scheduled to develop “Stakeholder Coordination Mechanisms for Food Regulatory Activities,” a document that will form part of the food policy and strategy required for an effective food control management system and related activities.

Participation in the prestigious conference increased awareness of several joint GDPA and SPS accomplishments in Afghanistan, highlighting USAID’s commitment to the country’s pharmaceutical sector.

**SPS & GDPA Attend International Conference**

Six leaders from the public pharmaceutical sector represented their organizations at the Centennial International Pharmaceutical Federation (FIP) conference in Amsterdam in October 2012. The group was made up of four members of MoPH/GDPA, one from Kabul University Faculty of Pharmacy, and one from SPS Afghanistan AA.

The five presentations highlighted USAID-funded contributions to Afghanistan’s pharmaceutical system, reflecting successes and lessons learned that are relevant in a range of low-resource environments. The group’s case study on pharmacy workforce planning, management, and development was included in the 2012 FIP Global Pharmacy Work Force Report. The Afghan delegates also visited the Dutch regulatory board, the national pharmacovigilance center, a hospital, and a pharmacy school to observe a well-functioning pharmaceutical system.

When an accidental fire in a Kabul fuel-storage facility left 50 people injured the evening of July 04, 2012, citizens and first responders helped the victims reach the city’s Estiqal Hospital for emergency care. Lacking the medicines and commodities for such a large number of casualties, the Estiqal Hospital Director sought emergency assistance. Within 90 minutes of contacting representatives of SPS Afghanistan AA, providers had in hand enough life-saving intravenous fluids and antibiotics to treat the 41 patients who had been admitted.

Leadership from SPS and the hospital swiftly considered the numbers and types of injuries, and appropriate medicines, and simultaneously arranged logistics including transportation and access to secure warehouse stocks after hours. More than half of the patients survived what could have been a uniformly fatal accident.
Health Communications Message Widely Broadcasted

Under SPS Leader with Associate (the Associate Award’s predecessor), SPS and the MoPH developed a health communications strategy and the first of three messages to raise awareness of the importance of improving rational medicines use (RMU) and reducing antimicrobial resistance (AMR). The work has continued under SPS Afghanistan AA with an educational poster widely disseminated in health facilities and spots for both radio and TV that continue to be broadcast across the country.

The MoPH has approved the second and third health messages, which address use of injections and antibiotics, respectively. A script for the radio and TV spots are in production, and the posters have been circulated for review and approval.

Transition of Drug Management Unit Completed

SPS Afghanistan AA distributed more than 1.3 million US dollars (USD) worth of essential medicines and contraceptives to 10 Partnership Contracts for Health (PCH) nongovernmental organizations (NGOs) in 13 provinces during the last three months of 2012. (PCH NGOs are contracted by the MoPH to deliver basic health services.)

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The formal transition of drug management unit staff, infrastructure, assets, and responsibilities from the now-closed Tech-Serve project to SPS Afghanistan AA occurred in December 2011; however, the December 2012 distribution marked the first full procurement cycle managed by SPS. (Tech-Serve involvement was intentional, given the long lead-time required for ordering and delivery.)

Throughout the entire transition period, PCH NGOs did not experience any interruption in distribution services.

Quarterly Distribution Update: October through December 2012

From October through December 2012, SPS Afghanistan distributed more than USD 910,000 worth of essential medicines and nearly USD 340,000 worth of contraceptives (total USD 1.3 million) to 10 PCH NGOs in 13 of Afghanistan’s provinces. The distribution helps ensure that the health facilities managed by PCH NGOs have adequate resources to deliver critical health services to their patients. Facilities supplied through the distribution include—

- 6,147 health posts
- 342 basic health centers and sub-health centers
- 170 comprehensive health centers
- 27 district hospitals
- 5 provincial hospitals

SPS also arranged for non-PCH organizations to receive more than USD 19,000 worth of essential drugs with less shelf-life to help avoid stock-outs at the non-PCH organizations and expiry in SPS or PCH NGO warehouses. This coordination helps donors and providers to work more efficiently and provide better care.
Field Monitoring Updates

Field monitoring was re-established in 2009 under SPS Afghanistan AA’s predecessor project to enhance site capacity to manage medicines effectively. SPS staff and provincial pharmacy officers jointly visit health facilities and warehouses. Using standard tools, they collect and analyze data, make same-day recommendations for improvement, and provide on-the-spot technical assistance. By conducting visits jointly, SPS also offers practical capacity strengthening and mentoring for provincial pharmacy officers who directly support health facilities.

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<thead>
<tr>
<th>NGO</th>
<th>Province</th>
<th>Dates of Visit</th>
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<tr>
<td>Afghan Health and Development Services (AHDS)</td>
<td>Kandahar</td>
<td>March 2013</td>
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<td>Bakhtar Development Network (BDN)</td>
<td>Baghlan</td>
<td>February 2013</td>
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<td>Solidarity for Afghan Families (SAF) and BDN</td>
<td>Jawzjan</td>
<td>February 2013</td>
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<td>SAF and Agency for Assistance and Development of Afghanistan (AADA)</td>
<td>Faryab</td>
<td>February 2013</td>
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<td>BRAC</td>
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<td>AADA</td>
<td>Bamyan</td>
<td>December 2012</td>
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<td>HealthNet Trans-cultural Psychosocial Organization (HNTPO) and Afghanistan Center for Training and Development (ACTD)</td>
<td>Paktya</td>
<td>December 2012</td>
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<td>BDN</td>
<td>Herat</td>
<td>December 2012</td>
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<td>Agha Khan Health Services (AKHS) and Solidarity and Health Development Program (SHDP)</td>
<td>Badakhshan</td>
<td>November 2012</td>
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<td>Care for Afghan Families (CAF) and SHDP</td>
<td>Takhar</td>
<td>November 2012</td>
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Partner Spotlight: General Directorate for Pharmaceutical Affairs

One of seven directorates within the MoPH, the GDPA, under the supervision of the MoPH, has the primary mission of providing equitable pharmaceutical services for all people in Afghanistan.

GDPA was created in December 2006 with an overall mandate to organize and implement Afghanistan’s pharmaceutical management system. Responsibilities include—

- Managing and supervising selection, procurement, distribution, and use of pharmaceuticals throughout Afghanistan
- Regulating and managing all pharmaceuticals services in public and private sectors to enhance people’s accessibility to safe medicines and supplies

Because of the GDPA’s important role setting standards and coordinating the many actors in Afghanistan’s pharmaceutical sector, a major part of the SPS Afghanistan AA is to strengthen the directorate’s capacity in terms of material and human resources, as well as access to technical expertise.
Topics in Pharmaceutical Management: What Is Pharmaceutical Management?

Pharmaceutical management is often confused with the procurement and distribution of medicine. While these are two vital—and highly visible—components of pharmaceutical management, they are inadequate on their own. A comprehensive pharmaceutical management cycle includes—

- Policy, law, and regulation
- Selection
- Procurement
- Distribution
- Use
- Management support

SPS deliberately works with our GDPA and NGO partners to strengthen Afghanistan’s system in each of these areas. In future issues of the newsletter, we will discuss each of these components.