ISLAMIC REPUBLIC OF AFGHANISTAN

MINISTRY OF PUBLIC HEALTH

GENERAL DIRECTORATE OF PHARMACEUTICAL AFFAIRS

Functional Analysis of the General Directorate of Pharmaceutical Affairs

July 2012

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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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ABBREVIATIONS AND ACRONYMS

API	Avicenna Pharmacy Institute Directorate
BPHS	Basic Package for Health Services
DG/FAD	Director General and the Finance and Administration Department
EPHS	Essential Package for Hospital Services
GDPA	General Directorate of Pharmaceutical Affairs
M&E	Monitoring and Evaluation
MoPH	Ministry of Public Health
MSH	Management Sciences for Health
NGO	Nongovernmental Organization
QA	Quality Assurance
QC	Quality Control
SOW	Scope of Work
SPS	Strengthening Pharmaceutical Systems
STTA	Short-Term Technical Assistance
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	US Agency for International Development
WHO	World Health Organization

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SPS also expresses its appreciation for the ongoing support in promoting the improvement of pharmaceutical management systems in Afghanistan by Her Excellency, Minister Dr. Suraya Dalil; His Excellency, Deputy Minister Dr. Abdul Basir Sarwar; and the Director General of Pharmaceutical Affairs Dr. Hafiz Quraishi.

FOREWORD

The Ministry of Public Health of the Islamic Republic of Afghanistan has the responsibility for public health services and ensuring access to safe, effective and quality essential medicines for the people of Afghanistan. The MoPH fulfills this mandate in close collaboration with national and international partners.

The General Directorate of Pharmaceutical Affairs (GDPA) operates within the Ministry of Public Health (MoPH) in Afghanistan and is the prime body for managing Pharmaceutical activities within the country in both public and private sectors.

For largely historical reasons of very rapid development in a post conflict situation, GDPA has suffered from units and departments being added and revised in response to particular emergencies and funding patterns at a given time. Whilst such development served to address immediate needs at that particular time, the cumulative result of multiple years of such rapid development has regrettably produced a high degree of fragmentation in the current GDPA operation. As a result, in addition to undertaking an exceptionally wide range of functions, GDPA also often operates with multiple players and largely independent functional streams undertaking the same task, but without well-established routes to ensure effective inter-communications and coordination.

The MOPH has recognized the current difficulties on essential medicines and wishes to bring about a harmonized and integrated approach with a nationally coordinated methodology for ensuring effective management and control of pharmaceutical substances and activities. To this end GDPA wished to undertake reform, reorganization, and development of its functions, in order to fulfill its overall brief, but recognized that it must do so within the environment of available government resources and whilst still ensuring uninterrupted operations of its many duties and responsibilities

A natural first step in determining the nature and extent of the development and resources required by GDPA to further its stated polices, was to map and identify those particular areas and activities within GDPA that may require further development and reform to achieve their goals. To achieve this end the technique of Functional Analysis was chosen to provide the necessary data, and evidence based analysis, to guide future planning and development.

The key objectives of Functional Analysis were to:

- Determine, and document the current GDPA units systems, staffing and resources in relation to their functions and goals and seek to address any immediate operational issues:
- Clarify roles and responsibilities of existing GDPA departments/units in relation to each other, the MOPH, other ministries, and the overall healthcare environment:
- Produce an outline resources and development plan so as to ensure alignment of the overall structure with its stated goals and duties:
- Provide evidence based data for future long term planning:

The Functional Analysis which has been conducted by GDPA has produced an excellent body of evidence to serve to inform and guide the MoPH and GDPA in planning the reform and future development of GDPA. The identification of the major constraints and priorities areas for strengthening has been especially valuable and has already enabled preliminary development planning and resource allocation.

The MoPH acknowledges the cooperation and inputs of all the GDPA staff, and the contribution of all stakeholders involved in this assessment, and is also grateful to the technical and financial support of Strengthening Pharmaceutical Systems (SPS) Program, which operates with the financial assistance of U.S. Agency for International Development (USAID).

I am now looking forward to seeing the implementation of the plans for the development and strengthening of GDPA functions

With Best Regards

Abdul Hafiz Quraishi

Director General of Pharmaceutical Affairs

EXECUTIVE SUMMARY

The GDPA operates within the MOPH in Afghanistan and is the prime body for managing pharmaceutical activities within the country in both the public and private sectors.

For largely historical reasons of development in a post/on-going conflict situation, GDPA has suffered from a high degree of fragmentation, as units and departments have been added and revised in response to particular emergencies and funding patterns at a given time. As a result, in addition to undertaking an exceptionally wide range of functions, GDPA also often operates with multiple players and independent functional streams undertaking the same task, but without effective inter-communications and coordination.

MOPH recognizes the current difficulties on essential medicines and wishes to see a harmonized and integrated approach with a nationally coordinated methodology for ensuring effective management and control of pharmaceutical substances and activities. To this end, GDPA wishes to undertake reform, reorganization, and development of its functions to fulfill its overall mission, but recognizes that it has limited resources with which to address such major realignments and on-going needs.

A natural first step in determining the nature and extent of the development and assistance required by GDPA is to map and identify those particular areas and activities that may require support and assistance to achieve their goals. To this end, the technique of functional analysis was chosen to provide the necessary data and analysis.

The key objectives of functional analysis were to—

- Work with GDPA and MOPH staff to document the functions and goals of current systems, staffing, and resources and seek to address any immediate operational issues that may arise

- Clarify roles and responsibilities of existing GDPA departments and units in relation to each other, MOPH, other Ministries, and the overall health care environment

The USAID-supported Strengthening Pharmaceutical Systems (SPS) project in Afghanistan is providing technical assistance to GDPA to undertake the functional analysis, analyze the results, and contribute toward the long-term development of plans arising from the exercise.

Key Results

In addition to the office of the Director General and its Secretary, the GDPA has 76 other offices in 7 departments.

- Inspection of Medicines Production and Importation Companies Department (7 offices)
- Avicenna Pharmacy Institute Directorate (22 offices)

- Medicine Planning Affairs Department (8 offices)
- Registration and License Issuing Department (14 offices)
- Narcotic and Controlled Medicines Department (9 offices)
- Pharmaceutical Establishment Department (10 offices)
- Finance and Administration Department (6 offices)

Nine offices were found to be inactive, and an additional seven were small offices of just a single person. Hence, only 62 of the 78 sections and offices were active with more than a single person. The functional analysis questionnaire was administered to these 62 offices from May 2011 to February 2012.

Generally, each of the departments felt that their physical space was adequate, but that it was in need of minor renovations. No department felt it required a major increase in space or major renovations of existing space. It should be noted though that all offices occupied by GDPA are on loan from the Ministry of Finance to the Pharmaceutical Enterprise.

At present, only 8 percent of the staff has computers. Stated needs are for 93 computers, 76 printers, 28 photocopiers, and 27 scanners. Interviewed staff also expressed the need for 87 Internet connection points in GDPA. The GDPA has only two dedicated vehicles for its work.

The number of staff present in GDPA was found to be 169, which differs slight from the 175 stated in the organogram (figure 1 in the main body of the report). Only nine positions are currently unfilled.

The composition of the current GDPA staff is—

- Pharmacists 54 percent
- Support and administrative staff 17 percent
- Non-medical staff 14 percent
- Pharmacy technicians 10 percent
- Temporarily vacant positions 5 percent

There are currently no physicians or medical doctors in the GDPA.

Of the surveyed staff, only 12 percent believed they had all the necessary training to perform their jobs; 66 percent felt they were only partially trained for their jobs. Another 23 percent stated they were totally untrained for the requirements of their job, but could still function.

The three primary sources of information used by GDPA are other GDPA departments (39 percent), other MOPH directorates (31 percent), and from provincial health offices (29 percent).

GDPA offices reported they used almost no data from nongovernmental organizations (NGOs) that implemented either the basic package for health services (BPHS) or the essential package for hospital services (EPHS).

Largely, almost all offices mention that the lack of resources hinders performance. In addition to the lack of computers, IT equipment, and staff skills, 31 percent believe that interaction and communications are poor and 13 percent feel that they have no clear role, responsibilities, or standing.

Recommendations

Restructure GDPA

The key functions of the entire GDPA should be reevaluated to align the number of units with the functions that GDPA performs. Initial indications suggest that in such a review, the number of departments might be reduced from seven to five by consolidating some related functions and the number of units on the organogram might be reduced from 78 to about half that, a more manageable number. It should be stressed that this reduction in the number of departments and operational units does NOT require a reduction in staff—the goal is to have a smaller number of operating units with larger staffs for improved function and management control. The current average of three staff per unit does not appear optimal, given the variety of tasks that have to be performed. Such a reduction cannot efficiently occur without complete buy-in from GDPA itself.

High-Priority Units and Departments

Within the wide spread of reported capacities and functions, it is apparent that some units and departments have a far greater need for restructuring and strengthening than others.

Some functions are split across multiple units and departments and need to be consolidated and restructured to produce a coordinated and streamlined operation, whereas other tasks undertaken within one department are grossly under-resourced.

In analyzing the results, it is strongly recommended that the following functions should receive priority for reform and strengthening.

Major Restructuring

Product and Manufacturing/Supplier Licensing

Three units report being responsible for product registration, ten for manufacturing regulation, six for wholesalers, eight for Good Manufacturing Practices, but only two for regulation enforcement and none at all for active pharmaceutical ingredients. This whole area of related functions is highly fragmented with little effective control. Rationalization of the functions and responsibilities, while maintaining the necessary checks and balances, could benefit the GDPA.

Importation Permissions

Fifteen units report responsibility for importation permissions. It is hardly surprising that the fragmented process is subject to confusion and delays. Here also rationalization may greatly benefit the GDPA.

Product Quality Assurance

Thirteen units report being responsible for quality assurance (QA) sampling, an additional eight for product quality, and none at all for quality control (QC) analysis of products, or for managing a QC laboratory. Reviewing and rationalizing QA and QC functions could be highly beneficial.

It is strongly recommended that these three areas should receive priority in developing restructured, coordinated, and streamlined approaches to their functions.

Capacity Building of GDPA Staff: Formal Course and In-Service Training

A process should be developed for on-going capacity building in English language and basic computer skills.

A three-year plan should be developed to enhance technical pharmaceutical skills and pharmaceutical supply management skills by using formal courses in Kabul, in-service training for GDPA staff, and sending some staff to international technical conferences to present papers.

Meeting Technology and Equipment Needs

GDPA should be helped to develop a comprehensive list of computer needs based on job requirements and a plan that includes priorities and phasing of equipment purchases and Internet expansion over three years (2012 to 2014).

BACKGROUND

The General Directorate of Pharmaceutical Affairs (GDPA) operates within the Ministry of Public Health (MOPH) in Afghanistan and is the primary body for managing pharmaceutical activities within the country in both the public and private sectors. Its role covers an especially wide range of activities from registration of pharmaceutical products and manufacturers through oversight of retail shops operations, to oversight of pharmacists' qualifications, and to pharmaceutical service delivery in the public sector.

For largely historical reasons related to development in a post/on-going conflict situation, the current essential medicines mechanisms in Afghanistan are characterized by multiple funding sources and a large number of active players, giving rise to a fragmented and largely uncoordinated service with multiple vertical operations of varying efficiency.

GDPA has also suffered from this fragmentation, so in addition to undertaking an exceptionally wide range of functions, it must also often operate with multiple players and independent functional streams undertaking the same task but without effective intercommunications and coordination.

MOPH has recognized the current difficulties with managing the supply of essential medicines and wishes to see a harmonized and integrated approach to medicine supply in Afghanistan. To improve, it is working on a nationally coordinated methodology for ensuring effective management and control of pharmaceutical substances and activities. To this end, GDPA intends to undertake reform, reorganization, and development of its functions, in order to fulfill its mission, but it recognizes that it has limited resources with which to address such major realignments and on-going needs.

A natural first step in determining the nature and extent of the development and assistance required by GDPA to further its stated polices is to map and identify those particular areas and activities within GDPA that may require support and assistance to achieve their goals.

Functional analysis is a well-established management technique by which departments and managers can clarify the roles, responsibilities, functions, interactions, and expectations of their operations, and it was therefore resolved to undertake a functional analysis exercise at GDPA.

The objectives of functional analysis were to—

- Work with GDPA (and MOPH) staff to determine and document the current GDPA units' systems, staffing, and resources in relation to their functions and goals and to address any immediate operational issues

- Clarify roles and responsibilities of existing GDPA departments and units in relation to each other, MOPH, other ministries, and the overall health care environment

- Recommend the skills mix required in each GDPA department for effectively carrying out responsibilities

- Identify training and skill development needs and how best to address them

- Identify any major constraints and agree on any support deemed necessary to address those issues

- Provide an opportunity for the different units to interact to clarify shared roles and responsibilities

- Provide a means of communicating achievements and challenges within MOPH

The USAID-supported Strengthening Pharmaceutical Systems (SPS) project in Afghanistan has agreed to assist GDPA in undertaking the functional analysis, analyze the results, and contribute toward the long-term development plans arising from the exercise.

The outcome of the functional analysis provides a discussion document for GDPA to assess and plan how to enhance its capacity and develop the necessary systems. The goal is that, by 2015, GDPA will be fully functional in carrying out its roles and responsibilities within MOPH.

SPS could, as a partner, assist GDPA in planning these developments and, to some extent, contribute to their implementation, though it is unlikely that a single donor or partner would have adequate resources for all the developments required.

KEY QUESTIONS TO ADDRESS

The functional analysis addressed the following questions—

What are the strengths and weaknesses of the GDPA in carrying out its mandate from MOPH?

How can SPS, as a partner, assist in meeting the needs of GDPA?

METHODOLOGY OF THE FUNCTIONAL ANALYSIS

A mixed GDPA–SPS team developed a questionnaire for the GDPA staff that covered six major areas—

- Roles and responsibilities: location and availability of documents
- Physical resources: physical facilities of the department, equipment, and vehicles
- Human resources: number of staff, their job descriptions, skill levels, and training required
- Management tasks: functions, responsibilities, and activities of the department, supervision and monitoring of pharmaceutical issues, planning and management, formulation and implementation of MOPH policies, and reports
- Relationships with other stakeholders: other GDPA units, MOPH directorates, ministries, donors, private sector, professional associations, and international agencies
- Perceived limitations and needs: limitations to the department's performance and the assistance required to overcome those limitations

Mixed GDPA–SPS teams administered the questionnaire to all active GDPA offices with more than one staff. After checking all questionnaires for completeness, they were collated into a single workbook. The data was then analyzed and is presented in the results sections of this report.

RESULTS OF THE FUNCTIONAL ANALYSIS QUESTIONNAIRES

Overview

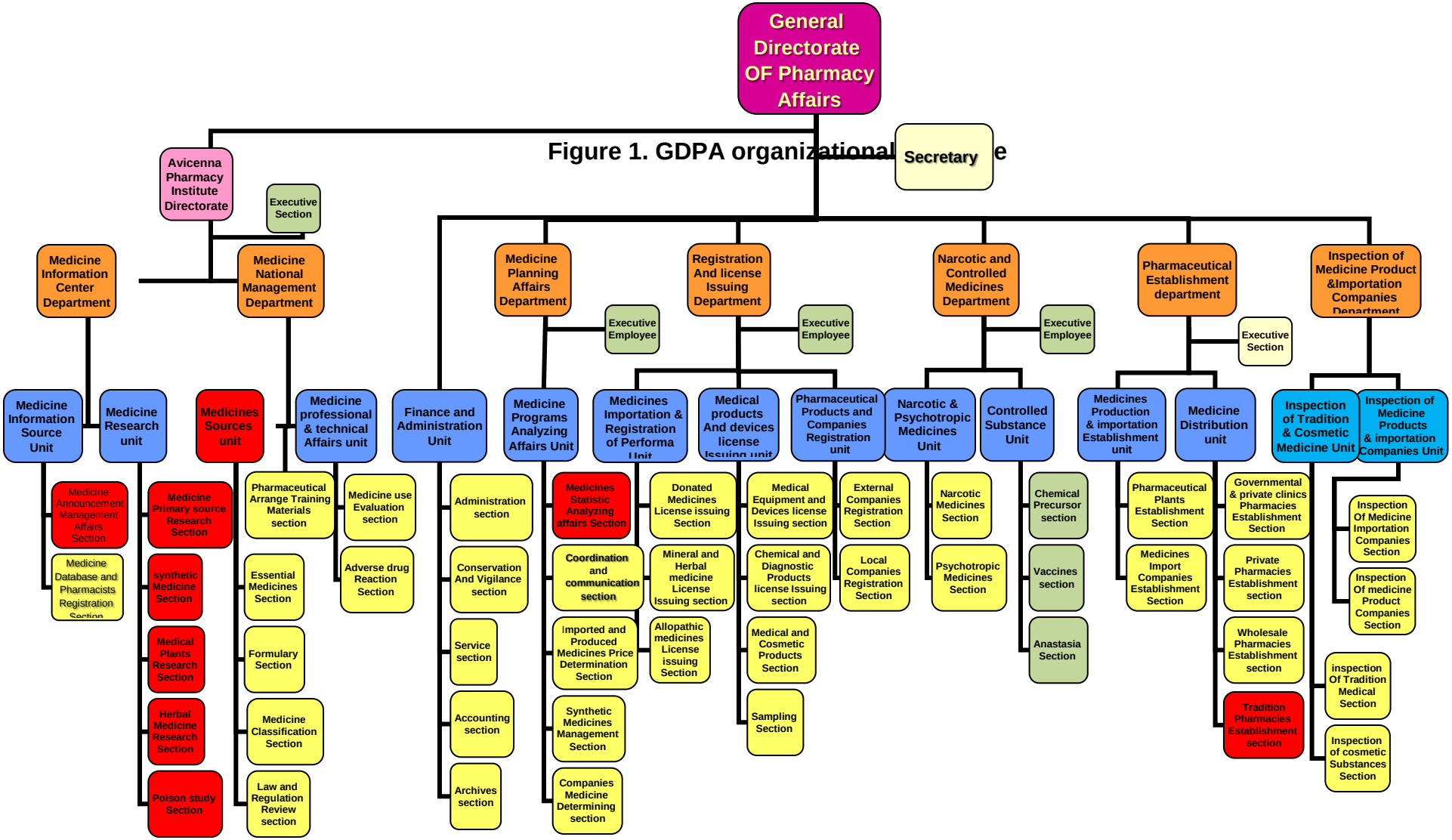
In addition to the offices of the Director General and its Secretary, the GDPA has 76 more offices in 7 departments.

1. Inspection of Medicines Production and Importation Companies Department (7 offices)
2. Avicenna Pharmacy Institute Directorate (22 offices)
3. Medicine Planning Affairs Department (8 offices)
4. Registration and License Issuing Department (14 offices)
5. Narcotic and Controlled Medicines Department (9 offices)
6. Pharmaceutical Establishment Department (10 offices)
7. Finance and Administration Department (6 offices)

Nine offices were found to be inactive, and an additional seven were small offices of just a single person. Hence, only 62 offices were active with more than a single person. The organogram of the GDPA (figure 1) shows the 16 offices that were not interviewed as shaded. The functional analysis questionnaire was administered to the remaining 62 offices between May 2011 and February 2012.

The results from the survey of the six areas are presented at the end of each section. The elements of the survey are reported in each section and shown in tables 1–12. The tables provide the total for the entire GDPA and a column for each of the seven departments.

Figure 1. GDPA organizational structure



Professional Staff: (113)
Nonprofessional Staff: (21)
Labour Staff: (41)

Roles and Responsibilities

The information presented in this section is based on the functional analysis survey results related to GDPA roles and responsibilities in tables 1–3.

For the purposes of space and brevity in the tables, the seven divisions will be referred to as follows—

Inspection of Medicines Production and Importation Companies–Inspection of Companies
Avicenna Pharmacy Institute Directorate–API
Medicine Planning Affairs Department– Medicine Planning
Registration and License Issuing Department–Registration and Licensing
Narcotic and Controlled Medicines Department–Narcotics
Pharmaceutical Establishment Department–Pharmaceutical Establishment
Director General and the Finance and Administration Department–DG/FAD

Table 1. Roles and Responsibilities: Availability of Information

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Roles and responsibilities clearly stated in—								
NMP	6	0	6	0	0	0	0	0
Law	30	2	4	1	10	4	9	0
Regulation	37	2	1	2	12	4	9	7
Ministerial decree	17	6	4	3	2	0	2	0
Other	0	0	0	0	0	0	0	0
Percentage of departments that have these documents								
Mission statement	25	25	21	67	15	20	13	14
Job description of department	100	100	100	100	100	100	100	100
Organogram of department in GDPA	98	100	86	100	100	100	100	100
Organogram of staff in department	96	88	86	100	100	100	100	100

Documents Available

When the units were examined to determine whether they had hard copies of documents from which they take their scope of work (SOW) and various standard documents, such as staff lists or organograms, we found that many of the needed documents were not readily available for inspection. The most consistent documents for which hard copies were available are the SOW

for that unit (90 percent), job descriptions (89 percent), staff list (88 percent), and quarterly or monthly reports (84 percent). These were consistent across departments with the exception of API, which was consistently lower than other departments. The numbers refer to offices that could actually produce a hard copy; those that claimed having one but could not produce it for the surveyors were not counted.

Most notable was that budgets could not be produced for any of the units except the DG/FAD.

In contrast to hard copy documents, the electronic versions are less readily available. Generally less than 6 percent of staff report having electronic copies of any of these documents, with the exception of the SOW, of which 11 percent had electronic copies.

Table 2. Roles and Responsibilities: Document Availability

	Total GDPA	GD/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Percentage of offices with documents available for inspection as hard copy								
SOW/responsibilities of unit	90	100	93	83	100	100	100	57
Policy documents	44	25	62	17	23	100	88	14
Reference to any regulation relating to unit	65	25	29	33	85	80	100	100
Reference to any resolution specifying units' operation	53	25	21	0	85	40	100	100
Standard operating procedures	27	25	14	17	31	80	25	0
Quarterly or monthly reports or both	84	100	43	100	85	100	100	57
Budget/financed reports for the unit	5	25	0	0	8	0	0	0
Financial reports for the unit	29	38	0	0	46	20	100	0
GDPA organogram	39	38	36	17	0	80	88	14
Staff organogram	35	13	36	33	0	80	38	43
Staff list	88	100	50	83	83	100	100	100
Job descriptions for all staff	89	100	86	83	100	100	100	57
Development plans for unit	8	0	14	0	17	0	25	0
Percentage of offices with documents available for inspection as electronic copy								
SOW/responsibilities of unit	11	13	14	17	23	0	13	0
Policy documents	2	0	17	0	0	0	0	0
Reference to any regulation relating to unit	0	0	0	0	0	0	0	0
Reference to any resolution specifying units' operation	0	0	0	0	0	0	0	0

	Total GDPA	GD/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Standard operating procedures	0	0	0	0	0	0	0	0
Quarterly or monthly reports or both	6	0	14	17	8	0	0	0
Budget/financed reports for the unit	0	0	0	0	0	0	0	0
Financial reports for the unit	0	0	0	0	0	0	0	0
GDPA organogram	2	0	0	17	0	0	0	0
Staff organogram	2	0	0	17	0	0	0	0
Staff list	0	0	0	0	0	0	0	0
Job descriptions for all staff	2	0	0	0	17	0	0	0
Development plans for unit	3	0	14	0	8	0	0	0

Implementation of MOPH Policies

GDPA has defined implementing MOPH policies as consisting of three possible functions—

- Coordination of MOPH health policy with pharmacies
- Obtaining pharmacy inputs into MOPH health policy
- Implementing pharmacy elements of MOPH health policy

In identifying the role of each department as to implementation of MOPH policies, most of the departments see their role as supportive (58 percent) or acting only when requested (55 percent), rather than as an active lead to implement policy (13 percent). Not surprisingly, the Office of the Director-General and API were the two departments that felt most strongly that leading the implementation process was their primary task.

Table 3. Roles and Responsibilities: Implementation of MOPH Policies

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Number of sections that viewed themselves as a leading actor								
Coordination of MOPH health policy with pharmacy	3	1	2	0	0	0	0	0
Pharmacy inputs into MOPH health policy	2	1	0	1	0	0	0	0
Implement pharmacy elements of MOPH health policy	3	1	1	1	0	0	0	0
In a support role								
Coordination of MOPH health policy with pharmacy	12	0	0	2	2	1	0	7
Pharmacy inputs into MOPH health policy	13	0	2	1	2	1	0	7
Implement pharmacy elements of MOPH health policy	11	0	0	1	2	1	0	7
Only when requested								
Coordination of MOPH health policy with pharmacy	12	1	4	0	4	2	1	0
Pharmacy inputs into MOPH health policy	9	1	1	0	4	2	1	0
Implement pharmacy elements of MOPH health policy	13	1	5	0	4	2	1	0

Physical Resources

The information presented in this section is based on the functional analysis survey results related to GDPA resources, other than staff, shown in table 4.

Physical Space

Generally, each of the departments felt their space was adequate, but was in need of minor renovations. No department felt it required a major increase in space or major renovations of existing space. It should, however, be noted that the building currently used by GDPA is destined to house the Pharmaceutical Enterprise and belongs to the Ministry of Finance. The long-term impact that this situation may have on the physical space requirements of the GDPA should be clarified.

Table 4. Physical Resources

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Renovations needed	All departments need minor refurbishment							
Equipment available								
Percentage of staff with computer	8	4	11	5	12	4	5	13
Desktop computers	13	1	5	1	3	1	1	1
Laptop computers	0	0	0	0	0	0	0	0
Printers	6	0	2	0	2	1	0	1
Internet	24	3	7	2	4	5	1	2
Photocopiers	3	1	1	1	0	0	0	0
Scanners	0	0	0	0	0	0	0	0
Equipment needed								
Percentage of existing staff needing a computer	47	31	45	50	52	48	55	75
Desktop computers	67	8	17	7	12	9	8	6
Laptop computers	26	1	9	4	4	3	4	1
Printers	76	9	22	7	14	9	9	6
Internet	87	7	25	7	18	13	11	6
Photocopier	28	3	12	2	2	3	5	1
Scanner	27	3	11	3	2	3	4	1
Transport/vehicle								
Department vehicle	2	1	1	0	0	0	0	0
GDPA vehicles	0	0	0	0	0	0	0	0
MOPH motor pool vehicle	42	7	4	5	9	5	9	3
Budget for transport of staff	0	0	0	0	0	0	0	0
Number of staff	169	26	47	20	25	23	20	8

Equipment

There is a great need for basic equipment in GDPA, especially computers. At present only 8 percent of the staff report having computers, with a range from 4 percent to 13 percent among the different GDPA departments. Although there is no clear standard for how many computers are required for the tasks of the GDPA, the current percentages of available equipment indicate that these levels are certainly far below optimal.

Stated needs are 93 computers, 76 printers, 28 photocopiers, and 27 scanners. GDPA also needs 87 Internet connections. Again, these are "felt needs" provided by current staff, rather than needs based on an objective standard.

Transport/Vehicles

The GDPA has only two dedicated vehicles for its work, one for the Director General and one for the API director. In theory, 41 MOPH motor pool vehicles could be accessed for GDPA work. In practice, it is very difficult to make use of these vehicles. So, in effect, the GDPA has no vehicles for its work. Staff currently gets about on GDPA business by means of their own vehicles, walking, taxis, or public transport within Kabul. However, there is no budget to reimburse staff for out-of-pocket transport costs.

Human Resources

The information presented in this section is based on the functional analysis survey results related to GDPA human resources shown in tables 5 and 6.

Table 5. Human Resources: Numbers, Job Descriptions, and Skills

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Number of staff								
Actual total positions	169	26	47	20	25	23	20	8
Medical doctors	0	0	0	0	0	0	0	0
Pharmacists	92 (54%)	1	28	10	22	15	11	5
Pharmacy technicians	16 (10%)	1	1	2	2	4	4	2
Non-medical	23 (14%)	14	3	2	0	2	2	0
Support (admin) staff	29 (17%	10	8	4	1	2	3	1
Unfilled positions	9 (5%)	0	7	2	0	0	0	0
Staff job descriptions								
Staff member claims to have job description	103 (61%)	15	14	13	24	12	18	7
Staff member knows content of job description	90 (53%)	15	10	10	24	12	17	2
Duties undertaken match job description	71 (42%)	10	7	6	21	10	15	2
Current skills of staff								
Fully trained for job requirements	15 (12%)	6	1	0	3	0	5	0

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Partially trained	82 (66%)	8	16	14	21	4	12	7
Partially trained, can't do job without training	2 (2%)	0	2	0	0	0	0	0
Untrained for job requirements	25 (20%)	0	15	0	0	10	0	0

Number of Staff

The number of staff in GDPA is 169. Only 9 positions are currently unfilled.

The composition of the current GDPA staff is—

- Pharmacists 54 percent
- Support and administrative staff 17 percent
- Non-medical staff 14 percent
- Pharmacy technicians 10 percent
- Temporarily vacant positions 5 percent

There are currently no physicians or medical doctors in the GDPA.

Responsibilities of Staff

In a sampling of staff in different departments, 61 percent claimed to have job descriptions, which seems odd because no one can be hired without job description. Of those with job descriptions, only 53 percent knew their job description or had a copy of it, and only 42 percent felt that their actual job duties were consistent with their job description.

Capacity of GDPA Staff

Of the surveyed staff, only 12 percent believed they had all the necessary training to perform their jobs; 66 percent felt they were only partially trained for their jobs, but could still function in the position. Another 20 percent stated they were completely untrained for the requirements of their job, but could still function. Only 2 percent felt that they could not do their job without further training.

Training Needs Expressed

The skills areas where further training is needed are listed in table 6. The most frequently expressed skill requirements were information technology/computer training and English language, both spoken and written; followed by technical training in pharmacy, quantification, pharmacy QA, pharmaceutical regulation drafting, rational medicine use, and managing drug supply; nearly as frequently mentioned were supportive skills. Only a small group expressed a need for further training in management skills, including planning, budgeting, and policy development and writing, perhaps representing the small number of senior management currently involved in such tasks.

Table 6. Human Resources: Training Needs Expressed

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Training needs expressed (percentage)								
Information technology/computer	104 (62)	15	30	14	18	14	6	7
Language	112 (66)	15	28	14	21	14	13	7
Pharmacy	13 (8)	0	4	2	6	0	1	0
Planning	35 (21)	2	12	6	3	2	7	3
Budgetary/finance	24 (14)	5	15	2	1	0	1	0
Quantification	39 (23)	1	10	7	12	8	1	0
Statistical/data management	29 (17)	1	18	5	1	0	4	0
Pharmacy product QA	55 (33)	1	18	1	18	10	1	6
Regulation drafting	29 (17)	2	7	1	4	2	8	5
Policy development	25 (15)	2	11	2	3	2	2	3
Rational medicines use	40 (24)	1	18	0	7	10	2	2
Managing drug supply	17 (10)	0	4	3	8	1	0	1

Management Tasks

The information presented in this section is based on the functional analysis survey results related to GDPA management tasks shown in tables 7 and 8.

Table 7. Management Tasks Undertaken: Planning, Management, and Information Flow

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Input to medicines planning and management on—								
National list of medicines required	6	1	0	3	1	1	0	0
National quantities of medicines required	6	1	0	3	1	1	0	0
National budget for medicines	0	0	0	0	0	0	0	0
Emergency stocks (disaster, epidemics)	1	1	0	0	0	0	0	0
Strategic stocks (avian flu)	0	0	0	0	0	0	0	0
Introduction of new medicines	4	1	1	0	1	1	0	0
Transfer of medicines between payers	0	0	0	0	0	0	0	0
Annual work plan	10	2	1	2	1	3	1	0
Department resource requirements	30	3	6	4	4	5	8	0
GDPA resource requirements	7	3	0	2	1	1	0	0
Purchasing and supply process								
Provides direct input	3	1	0	0	1	1	0	0
Information sources used								
Other GDPA departments	46	7	7	4	9	4	9	6
Other MOPH directorates	36	7	5	1	7	2	9	5
Provinces	34	6	6	0	6	1	9	6
BPHS contractors (NGOs)	1	0	1	0	0	0	0	0
EPHS contractors	1	0	1	0	0	0	0	0
Information sources needed								
Other GDPA departments	0	0	0	0	0	0	0	0
Other MOPH directorates	0	0	0	0	0	0	0	0
Provinces	0	0	0	0	0	0	0	0
BPHS contractors (NGOs)	0	0	0	0	0	0	0	0
EPHS contractors	0	0	0	0	0	0	0	0

Planning and Management

Currently, the primary involvement of the seven departments in GDPA planning and management is only in developing an annual work plan and ascertaining departments' resource requirements for the coming fiscal year.

It is surprising that API is not involved in the process of establishing national medicine lists, including those for BPHS/EPHS.

Purchasing and Supply of Medicines

Only three departments, each containing several offices, are involved in this management function—the DG/FAD, Registration and License, and Narcotics.

Information Flow and Use

The three primary sources of information used by GDPA are other GDPA departments (39 percent), other MOPH directorates (31 percent), and provincial health offices (29 percent).

GDPA said they used almost no data from NGO BPHS or EPHS implementers.

Each GDPA department said they had no need for any further information from any of these sources.

Supervision and Monitoring

The GDPA has indicated that there are three major tasks that take up most of its time in this area—overseeing importers, medical stores, and import quality. Other areas requiring attention, but with fewer offices involved, are internal manufacturers, wholesalers, manufactured product quality, retail and market product quality, wholesalers, distributers, and retail pharmacies. The areas where no oversight, supervision, or monitoring are actively performed by GDPA include NGOs, hospital pharmacies, BPHS clinic pharmacies, dispensaries, and the quality of products dispensed by public sector hospitals and clinics (BPHS).

Only three GDPA departments participate in monitoring and supervision: Inspection of Medicines, with by far the largest responsibility; the Director General's Office; and Narcotics because it is a specialized area. The other four departments undertake none of these activities.

Reporting

The survey examined five possible topic areas in which a unit may produce a report on a regular basis, such as monthly or quarterly, or assist in preparing such reports, if requested. The five areas are the national pharmaceutical situation, a summary of unit activities, monitoring and evaluation (M&E), financial issues, and budget reporting. The majority of reports prepared are summaries of unit activities (61 percent), financial (18 percent), and M&E reports (15 percent). Almost no reporting was done on the national pharmaceutical situation or the budget.

Table 8. Management Tasks Undertaken: Supervision, Monitoring, and Reporting

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Supervision and monitoring undertaken by the office								
Internal manufacturers	4	1	0	0	0	0	0	3
Importers	8	1	0	0	0	1	0	6
Wholesalers	3	1	0	0	0	0	0	2
Distributors	2	1	0	0	0	0	0	1
Retail pharmacies	2	1	0	0	0	0	0	1
Medical stores	7	1	0	0	0	0	0	6
NGOs	0	0	0	0	0	0	0	0
Hospital pharmacies	0	0	0	0	0	0	0	0
Clinic pharmacies	0	0	0	0	0	0	0	0
Dispensaries	0	0	0	0	0	0	0	0
Manufactured product quality	4	1	0	0	0	0	0	3
Import product quality	9	1	0	0	0	2	0	6
Retail/market product quality	4	1	0	0	0	0	0	3
Public sector dispensed product quality—hospitals	0	0	0	0	0	0	0	0
Public sector dispensed product quality—clinics	0	0	0	0	0	0	0	0
Regular monthly or quarterly reports produced								
National pharmaceutical situation	2	1	0	0	1	0	0	0
Summary of unit activities	37	5	5	2	6	4	9	6
M&E	14	3	0	5	0	0	0	6
Financial	11	3	0	0	2	0	6	0
Budget	0	0	0	0	0	0	0	0
Reports produced only upon request								
Reports produced	12	1	6	1	0	3	1	0
National pharmaceutical situation	3	1	0	2	0	0	0	0
Summary of unit activities	24	1	5	5	5	4	1	3
M&E	6	1	0	0	0	0	0	5
Financial	1	0	0	0	0	1	0	0
Budget	0	0	0	0	0	0	0	0

Relationships with Other Stakeholders

The information presented in this section is based on the functional analysis survey results related to GDPA relationships with other stakeholders shown in tables 9 and 10.

Table 9. Relations and Interactions with Government Bodies

	Total GDPA	DG/FDA	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Other GDPA units								
Registration and License Issuing	7	1	1	1	1	1	1	1
Pharmaceutical Establishment	6	1	1	1	1	0	1	1
Medicine Planning	7	1	1	1	1	1	1	1
FAD	7	1	1	1	1	1	1	1
Narcotics	7	1	1	1	1	1	1	1
Inspection of Medicines	7	1	1	1	1	1	1	1
API	4	1	1	1	0	0	0	1
Other MOPH directorates								
GDAA	21	7	1	3	1	0	7	2
Health Services	13	3	5	3	1	0	1	0
Policy and Planning	21	4	2	3	2	1	9	0
M&E	19	6	2	3	0	0	8	0
Health Regulatory	30	3	4	4	3	3	7	6
Medicine and Food Quality and Control	14	1	1	1	9	1	0	1
Other ministries								
Finance	21	4	0	0	8	1	8	0
Attorney general	12	1	2	0	0	1	7	1
Counter narcotics	10	1	2	1	0	5	0	1
Defense	0	0	0	0	0	0	0	0
Interior	20	2	3	0	4	1	9	1
National security	11	1	2	0	1	0	6	1

The survey investigated GDPA's relationships—

(1) With other departments within GDAP

(2) With other directorates within MOPH

(3) With other ministries

(4) With external stakeholders, donors, international UN agencies (e.g., UNICEF, WHO, UNFPA), professional associations, and universities

(5) With the private sector (e.g., manufacturers, wholesalers, distributors, and retail pharmacies)

Of all the claimed interactions, importers and wholesalers interact with most of the offices (50 percent) in the GDPA, closely followed by the MOPH/Health Regulatory Department and Kabul University (both at 48 percent). No other partner interacted with more than 34 percent of the GDPA offices. The overall impression is that GDPA offices are primarily geared toward interacting with different actors in the private sector.

Table 10. Interactions and Relations outside Government

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Donors								
USAID	16	1	7	1	2	0	4	1
European Union	5	1	1	1	1	0	0	1
World Bank	3	1	1	1	0	0	0	0
UN Agencies	1	0	0	1	0	0	0	0
CIDA	6	1	0	1	3	0	0	1
International agencies								
WHO	9	1	5	2	1	0	0	0
UNICEF	2	0	0	1	1	0	0	0
UNFPA	11	0	0	1	0	0	0	10
Private sector								
International manufacturers	4	1	0	0	3	0	0	0
Afghan manufacturers	19	2	2	2	6	1	4	2
Importers/wholesalers	32	2	2	2	10	5	5	6
Distributers	7	2	2	0	1	0	1	1
Retail pharmacies	7	2	0	0	1	0	2	2
Manufacturers association	13	1	0	1	4	0	4	3
Importers/wholesalers association	16	1	2	0	4	1	4	4
Retailers association	5	1	0	0	1	0	3	0
Professional bodies								
Medical Council	1	1	0	0	0	0	0	0

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Doctors Association	4	2	2	0	0	0	0	0
Pharmacists Association	9	2	4	0	0	0	3	0
Academic bodies								
Kabul University	30	1	8	1	8	1	9	2
Kabul Medical University	6	1	5	0	0	0	0	0
Sciences Academy	1	0	1	0	0	0	0	0
Ghazanfar Medical Institute	15	1	5	0	0	0	9	0

The following is a list of those agencies and offices with which the GDPA interacts on a regular basis expressed as a percentage of the total number of interactions—

- 26 percent–other MOPH directorates
    - Health Regulation (25 percent)
    - Policy and Planning (18 percent)
    - Administrative Affairs (18 percent)
    - Monitoring and Evaluation (16 percent)
    - Medicine and Food Quality and Control (12 percent)
    - Health Services (11 percent)
- 22 percent–private sector
    - Importers/wholesalers (31 percent)
    - Afghan manufacturers (18 percent)
    - Importers/wholesalers association (16 percent)
    - Manufacturers association (13 percent)
    - Distributers (7 percent)
    - Retail pharmacies (7 percent)
    - Retailers association (5 percent)
    - International manufacturers (4 percent)
- 16 percent–other ministries
    - Finance (28 percent)
    - Interior (27 percent)
    - Attorney general's office (16 percent)
    - Counter narcotics (14 percent)
    - National security (15 percent)
    - Defense (0 percent)

- 11 percent–academic universities
    - Kabul University (58 percent)
    - Ghazanfar Medical Institute (29 percent)
    - Kabul Medical University (12 percent)
    - Science academies (2 percent)
- 7 percent–donors
    - USAID (52 percent)
    - CIDA (19 percent)
    - European Union (16 percent)
    - World Bank (10 percent)
    - UN Agencies (3 percent)
- 5 percent–UN agencies
- 3 percent–professional bodies (primarily the Pharmacists Association)

Perceived Limitations and Needs

The survey sought to understand the perceived limitations to GDPA's enhanced performance and what assistance was required to overcome those barriers. The information in this section is based on the functional analysis survey results related to GDPA's perceived limitations and needs shown in tables 11 and 12.

Major Limitations to Departmental Performance

The large majority of GDPA offices mentioned lack of resources as hindering performance. Within that, the lack of computers and IT equipment as well as the lack of skills of the staff are the largest perceived problems.

Table 11. Major Limitations for Department Performance

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Resources								
Staffing	17	3	2	3	2	1	0	6
Skills of staff	40	4	11	5	6	4	5	5
IT/computers	56	8	10	6	11	5	9	7
Budget	28	4	10	5	0	5	3	1
Transport	9	1	0	1	1	0	0	6
No clear status/roles/responsibilities								
Departmental job description	6	3	0	1	1	0	0	1
Regulation	8	0	1	1	4	1	0	1
Law	9	0	2	1	4	1	0	1
Policy and planning	7	0	2	1	3	0	0	1
Poor interactions/communication								
Within GDPA	18	2	5	3	7	1	0	0
Within MOPH	12	1	3	3	4	1	0	0
With other ministries	10	0	6	2	1	0	1	0
With donors	10	0	3	3	2	0	2	0
With NGOs	8	0	3	2	2	0	1	0

Major Assistance Required to Overcome Limitations

Overwhelmingly, the GDPA offices cite the need for additional computers and IT equipment, as well as training for the existing staff as major assistance needs. More than two-thirds of the offices mention technical assistance as a major need, but the specific areas for assistance are mainly administrative: budget and financial management and interactions and communications. Medicine, supply chain, and pharmacy were hardly mentioned as areas for additional technical assistance, not surprisingly, because most active offices are involved in administrative activities.

Table 12. Assistance Needed

	Total GDPA	DG/FAD	API	Medicine Planning	Registration and Licensing	Narcotics	Pharmaceutical Establishment	Inspection of Companies
Number of sections interviewed	62	8	14	6	13	5	9	7
Resources								
More staff	29	3	6	3	4	4	3	6
More training for staff	57	8	14	6	12	5	6	6
IT/computers	58	7	12	6	13	5	9	6
Budget	38	4	11	4	1	5	7	6
Technical assistance	48	5	14	6	8	4	7	4
Technical assistance								
Medicine	3	0	3	0	0	0	0	0
Pharmacy	0	0	0	0	0	0	0	0
Supply chain	0	0	0	0	0	0	0	0
Interactions/communications	22	0	12	5	3	1	1	0
Budget/financial	18	0	10	3	0	2	3	0

DISCUSSION

Roles and Responsibilities

It is apparent from responses to several of the questions that most staff, departments, and units of GDPA do not have a clear understanding of the role of their unit and how it fits into the overall mission of the GDPA. Individual job responsibilities are not always clear to staff (table 1), nor is the role of the department. With 78 units in 7 departments with 169 staff, there is potential for overlap and gaps as well as not having a set of focused responsibilities for each unit. As 16 of the units are one-person units or are not operational, it is apparent that the GDPA currently has too many units and should consider consolidation and restructuring. A more focused and rational structure would help the GPDA be more efficient, avoid gaps or overlap among units, and help staff have a clear understanding of the role their unit plays in the larger mission of the GDPA.

Although the role of the GDPA is to develop and implement new MOPH policies related to pharmaceuticals, it appears that few in the GDPA see that as their function. At best, most of the staff and units saw their function to support some other unit or staff attempting to implement existing MOPH policies rather than being more assertive.

Physical Resources

Somewhat surprisingly, the available physical space of the GDPA is not perceived as a critical problem, even though the present building does not belong to GDPA. Although nearly all respondents felt that additional space for offices might be useful, the current space did not appear to pose a problem for the GDPA in general (table 2).

Although there are only two dedicated vehicles for GDPA, the lack of transport seems not to have caused any major problems for respondents. This situation may need to be examined more closely to see if the lack of vehicles really is causing difficulties for GDPA staff or if they have been without transport for so long that they just no longer travel for their work. Alternatives to having dedicated vehicles are available, such as reimbursing staff for transport required for work; this may be a preferred option if staff is coping well with transport issues.

A basic, and often repeated, expressed need in GDPA is for additional computers, printers, and scanners. Although the shortfall reported in the functional analysis questionnaires is based on staff's perceived need, rather than on any objective standard, it is nevertheless clear there is a major shortfall; only 8 percent of GDPA staff having a computer is much less than it should be. Among the seven departments, the percentage of staff having a computer for their work ranged from a low of 4 percent to a high of 13 percent. With the relatively reduced cost of PC technology, there is a strong case for additional computerization of the GDPA.

Human Resources

The number of staff found in GDPA is slightly less than the staff listed on the GDPA organogram 169, versus 175.

More importantly, with nine offices inactive and an additional seven consisting of just a single person, it is clear that there is a strong need to rationalize the functions of GDPA units and then rationalize the positions required for those units to carry out their mission. This is NOT to say that there is a need to reduce overall staff numbers, only to rationalize the number of units and offices according to the functions that should be performed.

GDPA staff expressed two major needs—a clear understanding of their job and increasing the staff's capacity to undertake that function. As for knowing their job, although job descriptions exist, less than 60 percent of staff claims to know what their job description is, or could show it to the surveyor. In addition, it was clear that the units do not have clearly defined roles and responsibilities, which carries over to staff not knowing what the role of their unit is or what their specific function is relative to the mission of their unit.

The need for capacity building is quite evident. However, to understand what skills development is needed in a reorganized GDPA, further investigation is needed. This survey simply asked staff in what areas they felt they needed increased capacity. The widespread need for English and technology skills could be a relatively easy issue to address and should receive immediate consideration.

Management Tasks

The management of GDPA appears weak whether that is based on the stated needs of those surveyed or the number of departments not carrying out their functions.

Supervision and monitoring appears weak in that there seems to be limited oversight.

As only three departments (Inspection of Medicines, the Director General's Office, and Narcotics) are currently involved in oversight functions, the other departments should be reviewed to determine if they need to be more involved in oversight; of the three departments that conduct oversight, the questions is whether monitoring should take a greater proportion of staff time.

Internal information flow and usage is also weak; information exchange with other GDPA departments is only 39 percent of all mentioned interactions.

Management is one of the skills for which staff expressed a need for enhanced capacity. The percentage was probably high in light of the fact that a limited number of staff surveyed is senior managers.

In reporting, there appeared to be minimal involvement by most departments, even in budget matters.

The GDPA departments indicated a minimal amount of planning occurring each year. Without adequate planning and then monitoring of implementation of those annual work plans, the probability of the GDPA achieving its intended objectives would remain low.

Relationships with Other Stakeholders

Private importers and wholesalers interact with 50 percent of the offices in the GDPA, closely followed by the MOPH/Health Regulatory Department and Kabul University (both interacting with 48 percent of the offices). No other partner interacted with more than 34 percent of the GDPA offices. The overall impression is that GDPA offices are primarily geared toward interacting with different actors in the private sector.

However, when GDPA's relationships are mapped, it is interesting in that the amount of interaction with other MOPH directorates is nearly the same as with private sector entities. The higher number of interactions with other ministries rather than with academic institutions seems appropriate for the GDPA, and the lower amount of interactions with donors most likely represents it being on an as-needed basis.

Perceived Limitations and Needs

The lack of adequate resources (technology, skills, and budget) reported by the large majority of respondents as being the major constraint to GDPA's performance is not surprising. However, a large number of staff consistently identified limited or poor relationships and communications with other stakeholders at MOPH and with other ministries, donors, and NGOs. It is clear that much better communications are needed.

RECOMMENDATIONS

Restructuring GDPA

The current GDPA structure is not focused; it appears cumbersome and creates inefficiencies as well as a lack of clear direction for the staff on their units' roles and responsibilities. To have 169 staff in 78 units in 7 departments means that on average there are only 2.2 staff per unit. At present, 9 of the units do not function at all. This probably indicates that over time the number of GDPA units has grown as a response to different needs or situations. However, those needs may no longer be relevant, as indicated by the fact that 16 units are not functioning or have only one staff member.

Recommendation

Solving this problem is a high priority. A reevaluation of the key functions of the entire GDPA should be conducted as soon as possible to align the number of units to the functional needs and to remove or consolidate any units that are no longer needed.

Initial indications would suggest that reducing the number of departments from seven to five by consolidating some related functions and reducing the number of units from 78 to a more manageable number with clearly described terms of reference is the way to proceed. Based on similar set-ups in other countries, approximately 30 units and sections would suffice.

It should be stressed that this recommended reduction in the number of units does NOT require staff reductions; it is rather to produce a smaller number of units with larger staff sizes for improved function and management control.

The fact that many of the GDPA staff do not seem to know what the role of their unit is confirms the need for an immediate and significant reorganization.

Time Line

- Come to a consensus on the need for restructuring: July 2012
- Provide short-term technical assistance (STTA) to GDPA to review its functions and develop a new structure: August 2012
- Propose new GDPA structure and organogram to MOPH: September 2012
- GDPA begins operation under restructured and streamlined organizational chart: November 2012

High-Priority Units and Departments

Within the spectrum of reported capacities and functions, it is apparent that some units and departments have a far greater need for restructuring and strengthening than others.

Some functions are split across multiple units and departments and need to be consolidated and restructured to produce a coordinated and streamlined operation while others are undertaken within one department but are grossly under-resourced.

Recommendation

In analyzing the results, it is strongly recommended that the following functions should receive priority for reform and strengthening.

Product and Manufacturing/Supplier Licensing

Of the units, three report being responsible for product registration, ten for manufacturing regulation, six for wholesalers, and eight for Good Manufacturing Practices, but only two for regulation enforcement and none at all for active pharmaceutical ingredients.

It is clear that the whole area is highly fragmented with little effective control.

It is strongly recommended that SPS work with GDPA to produce a full-flow pattern and resulting structure necessary for the effective licensing and control of pharmaceutical products, manufacturers, wholesalers, and other medicines suppliers, and then assist GDPA to implement the new structure and operational procedures.

Time Line

- Develop flow patterns and new structure for all licensing requirements: September 2012
- Implement new structure: January 2013
- Assist in revised operations: through August 2013

Importation Permissions

With 15 units and sections responsible for importation permissions, it is hardly surprising that the process is subject to confusion and delays.

It is strongly recommended that SPS work with GDPA to produce a full-flow pattern and resulting structure necessary for the effective control of importation and permission systems for pharmaceutical products and then assist GDPA to implement the new structure and operations.

Time Line

- Develop flow patterns and new structure for all importation and permission requirements: August 2012

- Implement new structure: January 2013

- Assist in revised operations: through August 2013

Product Quality Assurance

Of all the units, 13 report responsibility for QA sampling, 8 for product quality, and none at all for QC analysis of products or managing a QC laboratory.

Building on the work that is already taking place on QA strengthening, it is strongly recommended that SPS work with GDPA to produce a full-flow pattern and resulting structure necessary for the effective management of QA issues and then assist GDPA to implement the new structure and operations.

Time Line

- Develop flow patterns and new structure for all QA requirements: December 2012
- Implement new structure: March 2013
- Assist in revised operations: through December 2013

Staff Job Descriptions

The current GPDA survey demonstrated that many staff do not have a job description or are unaware of what it is. If the GDPA is restructured, as part of that process, it is important that staff, departments, and units be rationalized and that clear job descriptions and responsibilities be developed for all staff.

Recommendation

As part of the GDPA restructuring, technical assistance should be provided in development and maintenance of job descriptions.

Time Line

- Provide STTA to GDPA to develop job descriptions for all staff in the newly restructured GDPA: July 2012

- Complete all job descriptions: August 2012

- Give all GDPA staff new or revised job descriptions along with descriptions of what is expected of them: September 2012

More Active Role in Developing and Implementing MOPH Policies

If the GDPA is to be the primary driver of pharmaceutical policies and actions for the country, then it must be able to implement policies and then monitor compliance with those policies.

Recommendation

GDPA must become more involved with MOPH in developing necessary policies on pharmaceutical matters; in addition, GDPA must become more involved in MOPH task forces and interact with other departments to provide advice on policies that have a pharmaceutical component or interventions that require medicines.

Time Line

- Have SPS work with GDPA to catalog all current MOPH task forces and ascertain which have relevance to GDPA matters: July 2012

- Have task forces and major policy committees approve all policies before they are sent to the MOPH Executive Committee: August 2012

- Attend key task force and MOPH policy committee meetings: September 2012

Capacity Building of GDPA Staff: Formal Course and In-Service Training

If GDPA is restructured and new job descriptions are written, it is important to ensure that staff has the capacity to perform their jobs effectively. SPS-sponsored computer classes and English language classes are a low-cost option that will be especially important if additional IT equipment is provided to GDPA. The English language skills are important for work and for key staff being able to access on-line journals and state-of-the-art information on pharmaceuticals from conferences and publications, especially open-access journals.

Recommendation

- Develop a three-year plan to enhance technical pharmaceutical skills with formal courses in Kabul, in-service training for GDPA staff, and by sending some staff to international technical conferences to present papers

- Provide English language and computer training

    - Both trainings should preferably be held on-site at GDPA on a regular and on-going basis and at different achievement levels

    - Perhaps two or three classes per week of two hours duration for each class would provide a reasonable balance between availability of GDPA staff and contact time

- For English language, perhaps beginners, intermediate, and advanced levels would be appropriate; use of English would be focused on pharmacy and medical vocabulary and especially the ability to read pharmacy journals and publications

- For computer skills, beginner and intermediate levels would be appropriate for the general training; advanced classes are probably more appropriate for specific areas for short, intensive periods rather than as on-going training, e.g., use of Excel/Access for essential medicine quantification

- Provide pharmacy and management training

  - Identify key technical training in pharmaceuticals and management that is needed, such as logistics management, regulations, developing and revising an EDL, and basic management

  - A regular two-hours per week training session is probably a reasonable balance between staff availability and contact time

- Have pharmacy and supply chain consultants provide two-hour technical in-service trainings during their visits; this is a cost-effective way to update GDPA staff on a wide range of new subjects

- Encourage staff, especially the more advanced English speakers and writers, to prepare and submit papers on SPS work with GDPA to technical conferences

Time Line

- Develop a three-year plan for training: July 2012

- Have SPS work with GDPA to identify key technology courses and English comprehension and writing classes that can be taught on-site at GDPA

  - Identify progressive levels so that higher-level training builds on earlier training: August 2012

  - For example:

    Phase 1: basic English comprehension and basic computer courses in Word and Excel
    Phase 2: intermediate English, beginning English writing, Word, PowerPoint, and Excel
    Phase 3: technical English and English writing, using Excel to create graphs, intermediate Access

  - Class schedule

    Phase 1: September 2012
    Phase 2: November 2012
    Phase 3: February 2013

Meeting Technology and Equipment Needs

If capacity is built in GDPA staff and improved structure and job descriptions are created, but the staff does not have computers or access to the Internet, then the other investments in strengthening will not realize their maximum return in building the GDPA.

Recommendation

- Provide STTA to help GDPA develop a more comprehensive list of computer needs based on job requirements rather than "felt needs" as this survey did
- Ascertain which departments need it most and prioritize
- Develop a plan that includes priorities, phasing of equipment purchases, and Internet expansion over three years (2012 to 2014)

Time Line

- Provide STTA to develop a comprehensive list of computer needs based on restructured GDPA: July 2012
- Develop a three-year plan for acquisition and distribution of computers: July 2012
- Determine expansion of Internet connections: August 2012
- Begin expansion of Internet connections for GDPA for first year: September 2012
- Acquire "second-year" computers and distribute: January 2013
- Acquire "third-year" computers and distribute: January 2014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