PHARMACEUTICAL, INFRASTRUCTURE AND FOOD SAFETY WORKING GROUP (PIFWG) MEETING, 27th JANUARY, 2011

Attendance

1. Mr. Joseph Muhume (PSU) - Chairperson
2. Ms. Mildred Kinyawa (PC) - Member
3. Ms. Rose Shija (WHO) - Member
4. Mr. Ssanyu Nyinondi (SCMS) - Invited
5. Mr. Ousmane Dia (JSI-DELIVER) - Member
6. Mr. Celestine Haule (MSD) - Invited
7. Mr. Hanif Nazerali (MoHSW) - Member
8. Ms. Kyoko Shimamoto (UNFPA) - Invited
9. Mr. J.P. Ngowi (TB/Leprosy) - Member
10. Ms. Noela Kisoka (JSI-DELIVER) – Invited
11. Heri Mchunga (MSD) - Invited
12. Ms. Anitha Mshighati (TFDA) - Invited
13. Mr. Hubert Assenga (SCMS) - Invited
14. Mr. Kitundu W.Y.S (PSU) - Invited
15. Mr. Dickson Kejo (PSU) - Invited

Secretariat

1. Mr. Winna Shango (PSU)
2. Ms. Siana Mapunjo (PSU)

Absent with Apology

1. Ms. Anita Masenge (PSU)
2. Mr. Edgar Basheka (RCHS)
3. Mr. Meinolf Kuper (GTZ)
4. Keith Hummel (USAID)
5. Mr. Daniel Mwakasungula (Planning)
6. Ms. Gradeline Minja (Danida)
7. Raymond Wigenge (PMORALG)
8. Julia Moerstedt (KFW)

Absent

1. Ms. Emma Lekashingo (NACP)

Agenda

1) Opening of the meeting
2) Confirmation of minutes of the last meeting
3) Matters arising from the last meeting
4) Presentation on “SMS for life”
5) Presentation on “ILS gateway”
6) Presentation on “assessment to oversee contraceptive security”
7) Presentation on “ARVs availability and logistics”
8) AOB
9) Closure of the meeting

1. Opening of the Meeting

The meeting started at 10.35am and was chaired by the Chairperson. Members were invited to introduce themselves.

2. Confirmation of minutes of the last meeting

The minutes of the previous meeting were reviewed, corrections were made and then they were adopted.

3. Matters arising from the last meeting

3.1. Membership of Tanzania Commission for Universities (TCU) to PIFWG

It was recommended that there is no need to add more members to the group, but if there is a need for such members, the group can co-opt additional members when necessary.

3.2. Processing of Global Fund Money for Refurbishing of District Hospital Pharmacies

Members suggested the following

i. To set a time frame for accomplishing the task

ii. Mr. Shango (from PSU) to make a follow-up with MSD

iii. A contact person from JSI should also make a follow-up

iv. Mr. Mwakalitolo is a contact person at MSD

3.3. Expired Medicines

The chairperson elaborated the procedures to be followed for disposal of expiring medicines. He insisted that the matter of expired medicines should be taken according to the financial regulations. He also explained how the ministry assisted MSD in disposal of expired medicines worth's Tsh. eight billion. However, he said that the matter of expiring medicines at facility levels should be taken to appropriate forum. He suggested that the forum of RMOs and DMOs will be the appropriate one.

4. Presentation on "SMS for life"

4.1. Introduction

SMS for Life pilot project exists to support the NMCP in eliminating anti malarial stock-outs in health facilities. The project used a combination of SMS text messages and electronic mapping technology to monitor health facility stocks of ACT's and Quinine Injectables, on a weekly basis.

The project began in September, 2009 and three districts/councils were involved:

- ✓ Ulanga district in Morogoro region (31 health facilities)
- ✓ Lindi Rural in Lindi region (48 health facilities)
- ✓ Kigoma Rural in Kigoma region (76 health facilities)

The project was implemented by the MoHSW through National Malarial Control Program (NMCP) in collaboration with IBM (provided server support), Novartis (Financial support), Vodafone (Technical support) and Google (for Google map).

4.2. Implementation Plan

The project involved all hospitals, health centres and dispensaries. Four commodities were reported: ALU Yellow, ALU Blue, ALU Pink, ALU Green and Quinine injections. Every Thursday at 2:00pm facilities receive the following reminder message**:** *"SMS for Life": Please send in your stock counts of ACTs and quinine injectables as soon as possible. Reply to this message or text 15009. Thanks, Your District Medical Officer.* The responsible person in the health facility count ACT (dispensers) & Quinine Injectable (ampoules) stock and send stock count SMS either by replying to the request message or texting 15009.

After sending the SMS, the stock status for all health facilities was displayed in a server in a tabular form with details of every product and that information was accessible in the DMOs' blackberries. Furthermore, health facilities that are experiencing stock outs for varying time periods and varying products were presented on a Google Map. In case of stock out in health facilities, DMO's office was responsible to supply the commodity either from MSD or from the neighbouring health facility.

4.2. Result

The pilot project which ended in February, 2010 was successful. Stock out rates of one or more of the five medicines in Lindi rural was 57% at the beginning of the project and 0% at the end of project; In Kigoma rural, O/S was 93% at the beginning of the project and 47% at the end of the project; while in Ulanga district, O/S was 87% at the beginning of the project and 30% at the end of the project.

4.3. Incentives

- ✓ DMOs were provided with blackberry phones to access information
- ✓ The facility in charge were registered and the SMS were sent free
- ✓ When SMS sent in the correct format and within the specified time period the phone was topped up with free air time credit (Tsh 1500/-)

4.4. Challenges

- ✓ MSD response to commodity stock out
- ✓ Network coverage
- ✓ Commitment of DMOs. E.g. in the pilot, the Ulanga district was not committed. It was reported that although MSD responded well for re-distribution of supplies, the supply from MSD over stayed in DMOs office.
- ✓ System monitoring

4.5. Discussion

Comment: What mechanism will be used to sustain incentives in the scale-up of the project?

It was elaborated that in the pilot project, incentives was given with different amounts per district/council:

- ✓ One district without incentive
- ✓ One district with Tsh. 1000 air time bonus
- ✓ One district with Tsh. 1500 air time bonus

It was found that there was no significant difference in districts with or without incentives. Therefore in scaling-up the project the incentives will not be 1500, but less. It was further explained that, the program will scale –up to 500 health facilities and Novartis will continue to fund it for one year. In scaling-up the project Novartis is working in collaboration with PSI and NMCP**.** It was further explained that the project has been approved by MoHSW for scaling-up.

Comments: Blackberry phones which are being provided are costly for scaling-up the project.

The presenter explained that the phones are few as only the DMOs are being provided with blackberry phones.

Comments: Why the project is monitoring only the anti-malarials.

The presenter elaborated that the system is able to accommodate 20 items and that in the second phase they wish to scale –up to 10 commodities including SP and MRDT. The system can be improved to include other commodities which are not anti-malarial.

Comments: Why the project chose a weekly reporting and not a two week or a month reporting.

It was commented that a weekly report will take a lot of time for DMOs, MSD and other responsible persons while they have got other things to do and report. Members suggested for the project to use tracer medicines in the scaling-up.

Comments: Members asked if that project came up with reasons for stock out.

It was clarified that the project did not aim to find the reasons for stock –out, but it was just introduced to ensure availability of anti-malarial by corrective measures from district level.

A further input was that the main approach of the project was redistribution of stocked out of anti-malarial commodities, but in future it is important to identify what was the weak point in the supply system; was it a problem with MSD or health facilities? It was insisted that during the roll out, the project must find the weak point in the supply system. In concluding the matter, the member asked if they can get the copy of the "SMS for Life' pilot project report and the presenter promised to provide the report to PIFWG members.

5.0 Presentation "ILS gateway"

5.1. Introduction:

ILS gateway was presented by JSI Deliver project. The presenter started by explaining the background of the ILS which was rolled out in the whole country by 2009. She explained that the system is not performing well as it was expected. The "ILS gateway" is a mobile health logistics reporting system that is designed to strengthening the ILS. The system will help expand the accessibility and visibility to logistics data.

The objective of the 'ILS gateway" is:

- ✓ To provide real-time stock status information
- ✓ To improve the timeliness and paper based ordering and reporting from service delivery point
- ✓ To improve accuracy and timeliness of delivery
- ✓ Allow decision-makers at all levels to monitor the regularity and spread of facility level supervision
- ✓ Prevent widespread emergency ordering by aiding district and facility regular and routine ordering

5.2. Commodities in ILS gateway Pilot

During the pilot phase, the ILS gateway will focus on reproductive health commodities, with a goal of expanding to additional pharmaceutical products. The six commodities which will be reported are:

- ✓ Combined oral contraceptive (Microgynon)
- ✓ Progesterone only contraceptives (Microval)

- ✓ Copper T IUD
- ✓ Implants
- ✓ Male condoms
- ✓ Injectables-Depo-Provera

5.3. Implementation Plan

The ILS gateway is similar to SMS for life. The facility staff will enter data into personal cell phone and send data as SMS to a toll-free short code: 15018. Data received and analyzed by web database and then displayed on: www.ilsgateway.com. The presenter further explained how the data will be displayed (with example of stock status, R&R submission status and a map of facilities in Mtwara region, where the pilot were launched). Different from SMS for life, the information will be sent on a monthly basis and will provide the following information:

- ✓ Stock on hand of the six reproductive health commodities
- ✓ Losses and adjustment of those commodities
- ✓ Whether R&R has been submitted to the district
- ✓ Date R&R submitted to the district
- ✓ Whether facility order have been received
- ✓ If facility order have been received, the date of their receipt
- ✓ If facilities have received supervision, to enable the regional level to monitor the districts

5.4. Features for ILS gateway

- ✓ The ILS gateway will serve as an overall ILS strengthening tool used to monitor the functionality of the whole system
- ✓ It is an open source system built on a platform that the MoHSW will never asked to lease or purchase
- ✓ Is a sustainable way to strengthen the system as it is both non proprietary and cheap to operate

- ✓ It will empower regional and district level staff by giving them an increased role and responsibility in monitoring and supervising the system
- ✓ It is flexible i.e. the system can be changed

5.5. Discussion

Comments: Both ILS gateway and SMS for life focus on vertical programs, and will run parallel systems. It was advised to have an integrated system which will accommodate all programs.

It was elaborated that ILS gateway is on the pilot phase and that in the later stage it will accommodate more commodities.

Comments: How to harmonize these projects with MTUHA (HMIS) as Pharmaceutical Services Unit (PSU) has been developing tracer medicines indicator be reported in HMIS pilot regions and sentinel panel of districts nationally.

Members agreed that these programs are very useful, but we can start thinking how to harmonize them so that we are not overloading the district and health facility people.

Further it was asserted that these telephone technologies are important in improving availability of medicines. Members also commended on the scanner technology which will be used to scan ILS orders at district and send electronically to MSD Zonal stores. It was also suggested that the MoHSW should find a place to keep these data at district level.

It was also seen that "SMS for life as a subset of ILS gateway.

It was also seen that this is a challenge for MoHSW to have a system for monitoring pharmaceuticals in our health facilities and to make sure that ILS is functioning as it was planned.

Comments: The ICT and E-health strategy is in the process of development. The draft document will be shared with some of the colleagues to bring inputs on pharmaceuticals sector as the supply chain has been mentioned but there are no details.

6. Presentation on "assessment to oversee contraceptive security"

The agenda was postponed to the next meeting due to time constraints and power outage.

7. Presentation on "ARVs availability and logistics"

The agenda was also postponed until next meeting due to the lack of electric power, and need to project the slide presentation.

8. AOB

ACT and Mass Media

There has been reported in different newspaper that ACT which were supplied to Tanzania (*Batch numbers for Tanzania*) were being found in West Africa countries. It is six months now since the first paper started to publish the issue. This month has been also reported that Tanzania ACT was found in Zimbabwe. In the e-drug there was also written that there is mishandling of ACT in East African countries including Tanzania.

Members were told that donors are being debating to cut the fund because the money is going to the wrong people. This is a big concern at Washington (the funds for ACT are through USAID).

The National Malaria Control Program is collaborating with JSI Deliver project to trace ACT in health facilities. The activity will be carried immediately and to start with the tracing of ACTs will be conducted in Dar es Salaam, Morogoro and Coast regions. It was suggested to involve auditors in that activity, thus JSI was asked to set aside enough fund to accommodate MoHSW auditors. Regarding this activity, members agreed to have such an intervention. The chairperson and the Chief of Party, JSI Deliver project agreed to meet and discuss the plan in detail.

Moreover, there was a concern whether the leakage of ACTs comes from Tanzania to other countries or Novartis produce a batch which is bigger than what is needed, as a result the remaining commodities may go away to other countries. It was hence advised that, deeper analysis is needed on the subject.

9. Closing: Prior to closing the meeting, the chairman commented that the minutes of the meeting should be sent to the members at least ten days

before the next meeting and that the matters arising from the meeting should be prepared and circulated to members before the meeting. The next meeting is scheduled to take place in the last Thursday of February. The meeting was adjourned at 13.30hrs.

APPROVED BY:

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CHAIRPERSON	**SECRETARY**