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STRONG HEALTH SYSTEMS SAVE LIVES

TWELVE STORIES OF HOW MSH IS ADVANCING HEALTH AROUND THE WORLD.

msh
Management Sciences for Health

SAVING LIVES AND IMPROVING THE HEALTH OF THE WORLD'S POOREST AND MOST VULNERABLE PEOPLE BY CLOSING THE GAP BETWEEN KNOWLEDGE AND ACTION IN PUBLIC HEALTH.

This collection of stories was submitted through an internal storytelling contest at MSH and represents the lifesaving work MSH and the frontline health workers we partner with perform every day, around the world. These 12 stories of hope and perseverance highlight how MSH achieves a difference in achieving better health outcomes in the home, community, health facilities, and on a national level. Stories feature successes in 9 countries out of the 70 countries MSH works in: Bangladesh, Democratic Republic of the Congo, Ethiopia, Namibia, Nigeria, Madagascar, Peru, South Africa, and Uganda.

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CONTENTS

A NOTE FROM DR. JONATHAN D. QUICK

For the fifth consecutive year, Management Sciences for Health (MSH) sponsored an internal storytelling contest, inviting staff to submit MSH's best examples of saving lives and improving health around the world.

We invite you to read the top 12 stories of 2015 to learn more about the people, projects, and partners who, together with MSH, make strong health systems happen. Visit nine of the countries where we work and meet a few of the thousands of people whose lives have been transformed.

— Dr. Jonathan D. Quick, MSH President & CEO

PHOTO: WARREN ZELMAN (DEMOCRATIC REPUBLIC OF THE CONGO)

Anika and her mother.
Photo credit: Francis Hajong/MSH

1 ANIKA'S STORY: INTENSIFIED CASE FINDING OF PEDIATRIC TB IN BANGLADESH

— Zakia Sultana & Francis Hajong

Anika was a 22-month-old baby girl living in Belai Chandi Kuthipara in the northern part of Bangladesh when she became sick with fever, cough, and weight loss. She was admitted to the LAMB's Missionary Hospital in Parbotipur, run by one of the many NGOs where the USAID-funded Challenge TB project, led by MSH in Bangladesh, is funding active tuberculosis (TB) case finding among high-risk groups, such as children, people living with HIV, and diabetics.

Anika had classic TB symptoms combined with a suspect chest X-ray. However, diagnosing TB in children is extremely difficult because of their inability to provide a sputum sample. Instead, a process called gastric lavage, in which gastric juice and sputum are collected by nasal intubation, and sputum-smear microscopy are used to complete the diagnosis. For Anika, this showed a positive result for TB.

The divisional health staff and community volunteers conducted contact tracing to find the origin of the TB and screened Anika's parents and those around her and in the neighborhood, but no one suffering from TB symptoms was found. After six months of directly observed treatment under the care of the directly observed treatment provider who assisted Anika's mother, Anika was finally cured.

Unfortunately, one year later, Anika became ill again with the same symptoms, and her parents returned to the hospital. As it was a relapse case, the doctor also sent her sample for GeneXpert testing. GeneXpert is a highly sensitive test that can also detect drug resistant strains of TB. The test results showed that this time Anika did indeed have drug resistant TB.

She was immediately referred to the National Institute of Chest Diseases and Hospital (NIDCH) in Dhaka, where Challenge TB supports treatment initiation for drug resistant TB. Anika was hospitalized for two months until she showed improvement, before being allowed to continue her treatment at home under community-based programmatic management of drug resistant TB, provided by Challenge TB-trained outpatient teams.

Initially the drugs upset her stomach and made her nauseous and vomit, but after the doctor taught her parents how to administer

the medicine with sugar and milk, she was able to tolerate her medication. Anika's family is also receiving social support from Challenge TB in the form of food and all costs relating to her treatment, and as a result, her physical condition is slowly improving.

Anika's parents are grateful:

> *"Thanks to the doctor in the hospital who taught me how to mix the drug with milk and sugar to make them palatable to my child, I can now administer her drugs myself. By the blessing of Almighty God we are getting all kinds of help and support. Otherwise, how would we able to cure our daughter of this dreadful disease?"*

Currently, childhood TB cases constitute approximately 3 percent of the total cases reported in Bangladesh, but the actual disease burden of childhood TB is unknown. However, it is suspected that only a small proportion of the estimated number of childhood TB cases are being diagnosed and that drug resistant TB is on the rise (12 children have been treated for multidrug resistant TB since 2008).

Anika's story shows that intensified case finding, investments in training, and new technologies are saving lives.

Zakia Sultana is a community engagement and NGO coordination advisor for the Challenge TB project in Bangladesh. Francis Hajong is divisional coordinator of the Challenge TB project in Bangladesh.

2 ENSURING HIV AND AIDS PATIENTS RECEIVE UNINTERRUPTED TREATMENT AFTER FIRE DESTROYS A REGIONAL PHARMACY IN CÔTE D'IVOIRE

— Beata Imans

On the night of December 17, 2014, a fire caused by a short circuit engulfed the pharmacy of the Divo regional hospital, one of the hospitals that provides medical services to more than one million inhabitants of the Loh-Djiboua region of Côte d'Ivoire. Despite the quick response and joint efforts of the neighboring community, $43,000 worth of general medicines and $54,000 worth of antiretrovirals (ARVs) were destroyed. Though the laboratory equipment was recovered, the laboratory was no longer functional as a result of fire damage.

Immediately after the fire, the Supply Chain Management System (SCMS) met with the regional pharmacist and hospital representatives to assess the damage and identify next steps to mitigate any potential disruption in health services. SCMS—a project established in 2005 under the US President's Emergency Plan for AIDS Relief (PEPFAR), administered by USAID, and led by the Partnership for Supply Chain Management (PFSCM), a nonprofit organization established by MSH and John Snow, Inc.—supplies lifesaving medicines to HIV and AIDS programs around the world.

Patients continue to receive their medicines at the counter of the temporary pharmacy. Photo credit: Beata Imans/PFSCM.

SCMS supported the hospital in assessing the need to place an emergency order for ARVs and other essential drugs to the central medical store, Nouvelle Pharmacie de Santé Publique. SCMS additionally leveraged local partnerships to identify temporary storage rooms for the new stock and some of the medicines salvaged from the fire. Products are being stored at the office of the regional pharmacist and at the International Center for AIDS Care and Treatment Programs.

SCMS also provided logistical assistance to maximize the usable space left at the hospital by reorganizing the available space and opening a temporary pharmacy. A waiting room was divided by a partition, allowing for a portion of the room to be used for antiretroviral distribution.

Despite the challenges, SCMS' timely support to the hospital allowed for the provision of continuous service to patients. Since the fire, antiretroviral distribution has continued without interruption to the Loh-Djiboua region and no stockouts of general medicines have been reported.

> *"I keep getting my medicines as before. I get [them] every time I come here, even after the fire," says Etienne, a young mother on ARV treatment.*

Even before the fire at the Divo regional hospital, SCMS had partnered with Nouvelle Pharmacie de Santé Publique to renovate a number of regional pharmacies across Côte d'Ivoire, improving storage conditions and ensuring more reliable access to medicines. Divo's regional hospital pharmacy was later included in these efforts and renovation of the pharmacy was completed in November 2015.

Beata Imans is a communications consultant for the Partnership for Supply Chain Management (PFSCM), a nonprofit organization established by MSH and John Snow, Inc.

3 THE GOLDEN MINUTE®: SAVING NEWBORNS IN DEMOCRATIC REPUBLIC OF THE CONGO

— Isa Iyungamo & Landry-Serges Malaba

Baby Mushombe entered the world through natural delivery—and immediately struggled to breathe. Respiratory distress could have cost him his life, as it does many infants in Democratic Republic of the Congo (DRC), where over 118,000 newborns died in 2012, according to the World Health Organization.

Fortunately for Mushombe, he was surrounded by a team of midwives and assistants who had mastered Helping Babies Breathe® (HBB)—a resuscitation technique developed for environments with limited resources.

"I had given up hope," Mushombe's mother recalled, "but then I saw the team jump into action. Five minutes after giving birth, I was so happy to see my baby alive and without health problems—thanks to the midwives' skills."

With simple equipment and methods, HBB helps babies start breathing during the first minute of life, a critical period known as The Golden Minute®.

The USAID-funded DRC-Integrated Health Project (DRC-IHP) trained providers throughout 78 health zones in HBB.

The health zone of Lemera, in Sud Kivu Province, where Mushombe was born, had a particularly high rate of newborn mortality before integrating HBB into health care training courses.

Mushombe, one of the babies saved by an HBB-trained staff, with his happy mother in Lemera General Hospital.
Photo credit: MSH

But between January and March 2015, the two sites in Lemera that incorporated HBB saved the lives of 31 of 32 infants born with respiratory distress.

> *"We owe our gratitude to DRC-IHP and USAID, for helping to reduce neonatal mortality at our hospital by conducting the HBB training for the maternity team and donating two resuscitation kits," says Etienne Bwirabukiza, nursing director of Lemera General Referral Hospital.*

Led by MSH, with partners the International Rescue Committee and Overseas Strategic Consulting, Ltd., DRC-IHP worked to improve the health of Congolese in 78 health zones in four provinces. IHPplus now works in 83 health zones.

Isa Iyungamo is a senior technical coordinator for IHPplus in DRC. Landry-Serges Malaba is a communications manager at MSH DRC.

4 A MOTHER'S WISH FULFILLED: ROLLING OUT TB CONTACT INVESTIGATION IN RURAL OROMIA, ETHIOPIA

— Berhan Teklehaimanot & Ali Galgalo Jillo

Aster Gemede lost her husband to TB meningitis early in 2012. Struck with grief, Gemede did not notice her own deteriorating health in the months after his death. Cough, fever, chest pain, and loss of appetite became part of her everyday life. She hardly noticed she was losing weight. When Gemede got to the point where she was unable to look after her two children, she was forced to walk eight hours from her home in rural Borena zone, Oromia, Ethiopia, to the nearest health facility.

That facility could not diagnose Gemede, so they referred her to Dilla district referral hospital, where she was diagnosed with TB. Immediately, Gemede was linked to the Guangua health center, where she was put on TB treatment in December 2013.

"Knowing the cause of my husband's death, I was really frustrated and was really depressed thinking about my kids' future. Why is God punishing us like this? Am I going to die like my husband?" Gemede remembered thinking while waiting for counseling at the health center. "I was crying; and I was disappointed in life itself."

Sister Alemtsehay, the Guangua facility's TB focal person, remembers the day Gemede came to her for counseling. "Aster was really depressed and she imagined that she would

not survive this 'curse' that killed her husband. However, through counseling, I was able to convince Aster to change her attitude."

Alemtsehay is one of the health care providers trained by the USAID-funded Help Ethiopia Address Low TB Performance (HEAL TB) project, led by MSH, to screen, treat, and counsel clients.

Aster Gemede and her daughter, Lemlem, at a TB clinic in Borena. Photo credit: HEAL TB Ethiopia

"From the trainings and mentorship we received from HEAL TB, we are aware that when a symptomatic patient is in a house, children are at higher risk of contracting diseases," says Alemtsehay. She tested all of Gemede's family members for TB. Gemede's daughter, 18-month-old Lemlem, was also diagnosed with TB and began receiving treatment and nutritional supplements immediately.

HEAL TB has improved health workers' ability to identify and treat TB patients and has been a change engine in tracing TB contacts in the Oromia and Amhara regions since the project's launch in 2011.

Both Gemede and Lemlem, after six months of treatment, are cured. Gemede says:

"This is a mother's wish, to see your child get better. I thank the health worker for making sure we are looked after. My family and I are forever grateful."

Berhan Teklehaimanot is a communications senior specialist for MSH Ethiopia. Ali Galgalo Jillo is zonal project coordinator for the HEAL TB project in Ethiopia.

5 IMPROVING SERVICE DELIVERY AND ACCOUNTABILITY THROUGH DRUG AND THERAPEUTICS COMMITTEES: THE CASE OF BISHOFTU GENERAL HOSPITAL

— *Tsion Issayas*

Dagnachew Hailemariam has worked at Bishoftu General Hospital for six years. The hospital, located 45 km south of Addis Ababa in the town of Bishoftu, is state owned and provides services to between 400 and 500 patients per day. Likewise, the hospital pharmacy receives orders for around 400 to 500 prescriptions per day.

"Six years ago, we were operating in the dark," Hailemariam, now the hospital's head pharmacist, recalls. "We had no procurement system for medicines, which means we bought medicines that were not essential. Many of those expired and disposing of them was a challenge. On the other hand, we ran out of essential and even vital medications—stock-outs that could have resulted in loss of life. At that time, we relied a lot on guesswork."

Since 2009, the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program and its

predecessor, Strengthening Pharmaceutical Systems (SPS)—both implemented by MSH—have provided support to Bishoftu General Hospital in establishing and strengthening a Drug and Therapeutic Committee. This committee works closely with the hospital management to ensure that patients are provided with the best, most cost-effective care possible by addressing issues such as availability and rational use of medicines.

Through the systems and guidelines put in place with the help of the hospital's Drug and Therapeutic Committee, which was established in 2009, the hospital has decreased the expiry rate from 20 percent in 2009 to 4.5 percent in

Dagnachew Hailemariam, head pharmacist at Bishoftu Hospital
Photo credit: MSH

2015—significantly cutting medication costs and increasing patient satisfaction from 55 percent to 90 percent in the same period.

"We have come a long way," Hailemariam says:

> *"We have our own drug list now; and we use the ABC/VEN reconciliation mechanism by which we determine which drugs are needed the most and which drugs we should order in large amounts.*
>
> *The system is computerized now—all the information we need is at our fingertips. A few years ago, we followed a tiresome and unreliable system of counting and tracking bin cards and prescription information manually."*

Hailemariam says the establishment and improvement of systems related to medicine selection, prioritization, procurement, prescribing, dispensing, and use has also helped him on a personal level. "I can take accountability for what I do now since there is a system that enables me to do that," he says. "I can handle complaints, respond to inquiries, and carry out my duties with confidence."

Desalegn Baysa, the chief executive officer of the hospital, says one of the major achievements of the Drug and Therapeutic Committee is the establishment of systems of accountability

for individuals and teams. This has led to considerable changes in the quality of health care service delivery due to improved availability and accessibility of pharmaceutical products, Baysa says.

Through the continued assistance of USAID/SIAPS, the Drug and Therapeutic Committee of Bishoftu hospital established a Drug Information Service, which provides unbiased information on medicines to both practitioners and patients. The committee also created a system of standardizing prescription and published guidelines in support of rational use of medicines.

Baysa explains:

> *"Our hospital has become the health care provider of choice for many people in and around the town because of the progress we've made in the last few years. We hope to do more in the coming years in collaboration with USAID and SIAPS."*

Tsion Issayas is a communications manager for MSH Ethiopia.

6 PREGNANCY TESTS HELP BOOST FAMILY PLANNING IN MADAGASCAR

— Samy Rakotoniaina

Vololona Razafimanantsaranirina Harivelo has been a community health volunteer (CHV) in the northeastern Malagasy village of Vohitsoa in Madagascar for more than five years. She has impacted the lives of more than 500 people in her community, providing maternal and child health services, including family planning.

Before providing hormonal contraceptives, health workers must first know if a woman is pregnant. , But, instead of pregnancy, lack of menstruation could mean that a woman is breastfeeding, ill, malnourished, or experiencing stress. In addition, approximately 80 percent of the Malagasy population lives in remote areas, making repeat CHV visits to check up on menstruation schedules extremely difficult.

The USAID Mikolo project, implemented by MSH, is helping avert missed opportunities for providing family planning by supporting local nongovernmental organizations to train CHVs, including Harivelo, in the use of urine pregnancy tests. At least 2,232 CHVs were trained from June to September 2015. USAID Mikolo works to increase the use of community-based primary health care services and the adoption of healthy behaviors among women of reproductive age and children under the age of five in six of Madagascar's 22 regions.

In 2013, a pilot study commissioned by USAID/Madagascar showed that providing pregnancy tests to CHVs was helping to increase modern contraceptive use among potential clients. CHVs using the tests provided hormonal contraceptives to 24 percent more new clients during the four-month study than did the control group who relied on a checklist to rule out pregnancy. Madagascar is the first country to scale-up pregnancy test use by CHVs, according to the US Embassy.

Universal access to family planning services in Madagascar has the potential to reduce maternal mortality by about one-third, which would help reduce unintended pregnancies, abortions, and maternal and child deaths, according to the embassy.

The contraceptive prevalence rate in Madagascar–40 percent on average–has remained low for years, partly because of limited access to family planning, especially in rural areas. Harivelo, 50, understands that spacing pregnancies through contraceptive use can help prevent maternal and child deaths and that using pregnancy tests improves the quality of her services.

Harivelo says:

"Ever since I introduced pregnancy tests, I feel more confident in my recommendations. It is much easier to make decisions about counseling on contraceptive methods or referring the client to the health center for early antenatal care."

Vololona Razafimanantsaranirina Harivelo, a community health volunteer, counsels a young woman on family planning options after her pregnancy test turned out negative. Photo credit: MSH

To further understand the potential benefits of CHVs' use of pregnancy tests, USAID Mikolo began conducting operations research in 2015 to document the effect on family planning, as well as the likelihood of women attending antenatal care. Preliminary data analysis from Ambatondrazaka District, where Harivelo works, indicated that the number of new family planning users increased by 86 percent between June and September 2015 after CHVs introduced the pregnancy tests.

Given Madagascar's history of strong CHV programs, health workers say the use of pregnancy tests has the potential to quickly increase modern contraceptive prevalence rates and use of antenatal care services in the country.

Samy Rakotoniaina is the communications manager at MSH for the USAID Mikolo project.

7 PHARMACY ASSISTANTS TRAINED TO DELIVER QUALITY HIV AND AIDS PHARMACEUTICAL SERVICES IN NAMIBIA

— Evans Sagwa

Namibia faces a high burden of the human immunodeficiency virus (HIV) infection, with an estimated 13.1 percent of the adult population living with HIV. To help address this critical national health concern, the Namibian Ministry of Health and Social Services has been receiving technical assistance from the SIAPS Program, with funding from PEPFAR, through USAID, and led by MSH.

This assistance has been a particular help to the National Health Training Center (NHTC), a branch of the Ministry of Health and Social Services responsible for training pharmaceutical and health professionals. Through SIAPS, MSH and partners have helped to establish a quality management system for pharmacist assistant training; improve the facilitating, moderating, and assessing skills of pharmacist assistant tutors; launch a pharmacist assistant skills training laboratory; and orient students on the use of the electronic dispensing tool (EDT).

The EDT is an essential pharmaceutical care tool for dispensing antiretroviral medicines (ARVs) to patients on antiretroviral

Martin Mandumbwa, pharmacist assistant, dispensing medicines to a patient at Robert Mugabe Clinic in Windhoek, Namibia. Photo credit: SIAPS Namibia

therapy (ART), tracking their adherence to the medication regime, and managing their prescription refill appointments.

Martin Mandumbwa, a pharmacist assistant, trained at the NHTC, graduated in 2014, and currently works at a public sector antiretroviral therapy facility in Windhoek, Namibia. With the knowledge and skills gained from the pharmacist assistant training at NHTC, Mandumbwa manages the pharmaceutical services of the Robert Mugabe Clinic's two pharmacies, one of which is dedicated to antiretroviral therapy services. He provides HIV treatment counseling and antiretrovirals to the patients on antiretroviral therapy and advises them on how to correctly take their medicines for maximum benefit. The clinic had about 1,060 patients on antiretroviral therapy in June 2015.

Says Mandumbwa:

> *"I am very happy with the training I received at NHTC because I can dispense ARVs. I can initiate patients on ARVs, which includes counseling them and making sure that they understand what they are about to undergo."*

More than 100 pharmacist assistants have graduated from the NHTC since 2007, when USAID began supporting the institution. In May 2015, 26 pharmacist assistants graduated from the program.

Without the training that he received from NHTC, enhanced by the pharmacy practical skills training laboratory that SIAPS supported, Mandumbwa could not have been licensed to practice as a pharmacist assistant. Now, however, he has the opportunity to proudly and competently deliver pharmaceutical care services, especially for people living with HIV and AIDS.

Evans Sagwa is a communications manager for MSH Ethiopia.

8 COMMUNITY-BASED HEALTH INSURANCE: A LIFESAVER IN NIGERIA

— Adeola Ayo, Emmanuel Nwala & Philomena Orji

Nse Usoro Odo is a 56-year-old farmer who lives with his wife, a small-scale trader, and their children in Ikot Udo Idem community in Akwa Ibom State, Nigeria. He is also the village town crier and a member of the Village Development Committee. Members of the committee are responsible for conveying knowledge and information to community members.

Combined earnings for Odo and his wife are around 700 naira or N700 (less than $3.50 USD) per day.

When the Program to Build Leadership and Accountability in Nigeria's Health System (PLAN-Health), funded by PEPFAR/USAID and implemented by MSH, led a community-based health insurance sensitization program in his hometown, Odo felt compelled as a member of the Village Development Committee to subscribe to the community-based health insurance scheme. He could not afford a subscription, so he had to borrow N9,500 ($38) to pay for an annual premium that covered him and his family members. They immediately started accessing health services at the primary health care center in his ward.

Soon after subscribing to the scheme, Odo felt a severe pain in his groin that restricted his movement. He could not work on his farm or carry out his duty as the village town crier.

On a visit to the primary health center, he was referred to the cottage hospital, where he was diagnosed with a hernia. He had surgery and was hospitalized for eight days. Odo accrued a total hospital bill of N70,500 ($353), but because he was insured, he did not have to pay anything out-of-pocket.

Nse (on right) with Community-Based Health Insurance Board of Trustees Chairman, June 2015
Photo credit: MSH

Odo recovered rapidly after his surgery and resumed his normal activities quickly. He is now a strong advocate for the community-based health insurance scheme and has been encouraging his community members to register.

Says Odo:

> *"At the cottage hospital, I was treated as a king. Imagine me, who has no food to eat. Where would I have gotten the money to pay the bills? I thank God for saving me through this community-based health insurance scheme."*

Adeola Ayo is technical advisor for PLAN-Health. Emmanuel Nwala is state team leader for MSH's Leadership, Management and Governance Project. Philomena Orji is deputy director, Management and CSOs, for MSH Nigeria.

9 WHO SAYS ONLY MEN CAN LEAD? PROMOTING HEALTH AND GENDER EQUALITY IN PERU

— Eliana López Pérez

In rural Peru, persistent machismo—male chauvinism—often limits leadership opportunities for women. But in Monte de los Olivos, a poor rural community in Irazola District in the region of Ucayali, those now driving community development are female.

The change began in 2011, when Monte de los Olivos, home to more than 60 families, committed to becoming a "Healthy Community" under the Healthy Communities and Municipalities II (HCM II) project funded by USAID and led by MSH. Healthy Communities increase grassroots leadership and management skills for health and development, as well as local approaches to promote healthy behaviors. By design, the program requires that men and women share positions of authority.

HCM II offered trainings to foster female participation, and women steadily increased their presence at meetings and assemblies. Graciela Quío, 47, attended one of these meetings. Married and with an 11-year-old daughter, Quío had already been elected president of the Parents' Association for the neighborhood school.

In the association, Quío was supporting health improvements and gender equity; confidence in her proven skills led the community also to elect her president of the Community

Graciela presents on the experience of her community in the city of Pucallpa. Photo credit: MSH

Development Committee in January 2015. The same election secured seats for five other women on the committee—making its composition 100 percent female. The committee's responsibility: to lead the process to become a Healthy Community.

"At the beginning, it was not easy because some men doubted us," says Quío. "They would say, 'What are those women going to do?' and laugh. But, we showed them."

We organized ourselves to work for the health of people, to manage the assemblies, develop community plans, and to visit and motivate families to become Healthy Families. [The men] were surprised, but little by little we won their respect, and now women and men work together.

Monte de los Olivos has seen rapid progress among families that previously lived with poor hygiene and whose children frequently

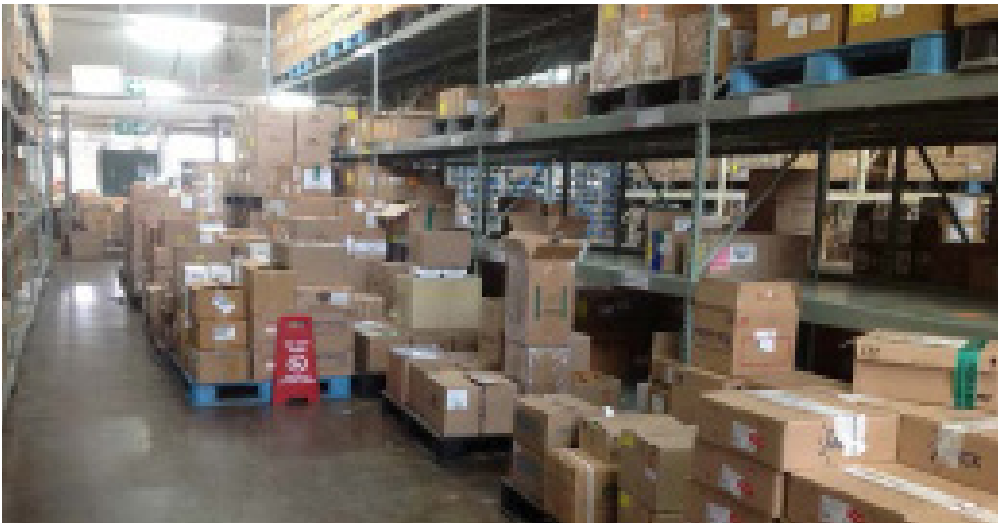
suffered diarrhea. These families now drink boiled water and wash their hands with soap. The community seems more united in its efforts for health; it is clean and features gardens and well-marked streets.

Says Quío:

> *"Thanks to USAID there was a tremendous change in my community. I say* tremendous *because my community is now more united, cleaner, women participate in the assemblies, men respect us, and the children are no longer sick like they were before."*

Both women and men in Monte de los Olivos note the difference—a difference ushered in through the leadership of women and a project that furthers both health and equity.

Eliana López Pérez is the communications specialist for the HCM II project.



The Kwa-Zulu Natal Provincial Pharmaceutical Supply Depot. Photo Credit: KZN PPSD

10 INNOVATING SOLUTIONS FOR PHARMACEUTICAL LEADERSHIP, GOVERNANCE, AND SUPPLY CHAIN EFFICIENCY IN KWAZULU-NATAL, SOUTH AFRICA

— Gail Mkele & Susan Jane Putter

The KwaZulu-Natal Provincial Pharmaceutical Supply Depot (PPSD) procures and supplies pharmaceuticals to approximately 550 health facilities in the South African province. In July 2013, it took the PPSD an average of 27 days to process and prepare for dispatch a health facility's main order for medicine. The PPSD was therefore faced with a pressing question: How can we reduce the time to complete a facility's main order?

The answer was found through MSH's Pharmaceutical Leadership Development Program (PLDP), implemented by MSH through the USAID-funded SIAPS Program, together with onsite support from the PEPFAR/USAID-funded Supply Chain Management System (SCMS) in logistics management and process reengineering. The combination of support provided by MSH through SIAPS and SCMS was instrumental in improving leadership, governance, pharmaceutical, and supply chain processes at PPSD.

TACKLING CHALLENGES AND INNOVATING SOLUTIONS

Developed by MSH, the PLDP is a structured program that utilizes a team-based, action-learning approach to problem solving. Participants are provided with skills and tools that they use to produce measurable organizational results.

From February 2013 to February 2014, Provincial Head Office staff worked with PPSD pharmacists to tackle the challenge through the PLDP. The SCMS Logistics Advisor and SIAPS PLDP facilitators supported teams to conduct a detailed analysis of the ordering process. The team cleared the backlog of orders by fast-tracking orders for bulky items to relieve space, and using time originally reserved for stock taking to expedite outstanding orders. PPSD staff responsible for managing orders were involved in defining their roles and responsibilities, evaluating workloads, and reorganizing processes. In addition, in coordination with SIAPS information technology experts, the team developed and piloted a Microsoft Access™-based tool for tracking orders at each stage of the process.

By February 2014, the average time taken to process a main order at the PPSD dropped from 27 days to 13 days (see Figure 1 below). PPSD then endeavored to sustain these achievements and improve other processes.

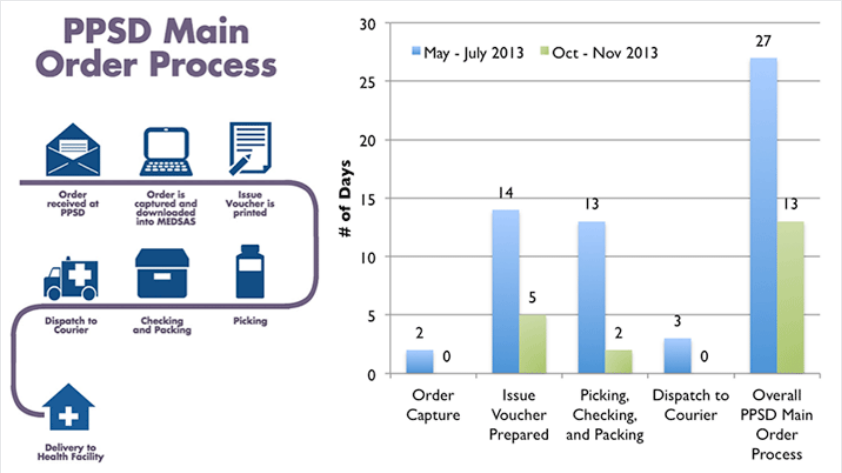


Figure 1: PPSD Main Order Process and Number of Days for Each Stage of Main Order Process

QUALITY MANAGEMENT SYSTEM IMPROVES SERVICE QUALITY, CLIENT SATISFACTION, STAFF MORALE

With the continued assistance from SCMS, PPSD engaged in the creation of an integrated Quality Management System to reinforce control, consistency, and accountability in all processes to improve efficiency and effectiveness in facility operations. The Quality Management System Committee now meets every two weeks to discuss quality initiatives and address deficiencies

identified by external regulatory authorities. These interventions have improved the quality of services offered, enhanced the satisfaction of clients, and improved staff morale.

CHANGING MINDS, SUSTAINING RESULTS

PPSD successfully sustained efficiencies and further reduced the time to process orders. From April to October 2015, more than 3,260 main orders were placed, with the estimated average time for processing these orders reduced to 10 days.

The results speak for themselves—even changing the mind of a skeptic. "[A colleague] wasn't too sure about PLDP, because there are so many trainings that waste time, with people sitting in conference rooms instead of doing service delivery, and with no target or results," says Vusi Dlamini, KwaZulu-Natal Pharmaceutical Services.

> *"But, after seeing the team presentations [the colleague] said, 'I have changed my mind. I endorse it.' [The colleague] saw the evidence."*

The coordination and integration of MSH SIAPS and SCMS interventions within the PPSD increased supply chain efficiencies and improved commodities availability. Through the complementary nature of the technical assistance provided by MSH and partners through SIAPS and SCMS, pharmacists have also developed management and leadership skills, and have implemented changes that have resulted in improved pharmaceutical service delivery.

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program, funded by USAID, builds on the achievements of its predecessor, Strengthening Pharmaceutical Systems (SPS)—both led by MSH—by working to ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes.

The Supply Chain Management System (SCMS), established in 2005 under the US President's Emergency Plan for AIDS Relief (PEPFAR) administered by USAID, supplies lifesaving medicines to HIV and AIDS programs around the world and is led by the Partnership for Supply Chain Management (PFSCM), a nonprofit organization established by MSH and John Snow, Inc.

Gail Mkele is senior technical advisor, Leadership Development Program, South Africa. Susan Putter is a Principal Technical Advisor with the SIAPS Program.

11 OPTION B+: HOPE FOR HIV-INFECTED PREGNANT WOMEN, HIV-FREE NEWBORNS IN UGANDA

— *Tadeo Atuhura*

When Rose Chebet was five months pregnant with twins, she visited Kapchorwa Hospital in Eastern Uganda for a routine antenatal visit. She was devastated to learn that she was HIV positive and she feared her twins would not survive. Health workers referred Chebet, a first-time mother, to an antiretroviral therapy clinic where she began taking medication.

Four months later, Chebet gave birth to two healthy boys, Chekwech and Chesuro. Says Chebet, 22:

> *"I was given strict instructions on how to feed and look after them."*

The boys were immediately put on antiretroviral prophylaxis. When both the mother and child are treated with antiretrovirals, the risk of transmitting the virus during pregnancy, labor, delivery, or breastfeeding is reduced from 15 to 45 percent to just over 1 percent.

At six weeks old, Chekwech and Chesuro tested HIV negative.

Rose Chebet (right) with her twins, her husband, and the linkage facilitator Helen Chelengat (middle). Photo credit: Tadeo Atuhura/MSH.

Prevention of mother-to-child transmission of HIV is one of the key activities supported by the Strengthening TB and HIV & AIDS Responses in Eastern Uganda (STAR-E) project. STAR-E, a USAID project, is funded by PEPFAR and implemented by a MSH-led consortium of international and Ugandan partners.

The project (2009–2016) provides technical and other assistance to 12 districts of Eastern Uganda, including support to 154 district health facilities to provide comprehensive and quality HIV and TB services. STAR-E's efforts have greatly reduced mother-to-child transmission in the Eastern Region, with the rate dropping from about 9 percent in 2012 to 6 percent in 2015.

In 2012, Uganda became the second country in Africa to formally adopt Option B+ for preventing mother-to-child transmission as a

national strategy to provide for lifelong antiretroviral therapy for all pregnant HIV-infected women regardless of gestational age and CD4 cell count. Option B+ was first pioneered in Malawi, with support from MSH. STAR-E has trained and mentored more than 1,000 facility-based health workers to provide Option B+ at all 154 project-supported health facilities.

In addition to training health workers, STAR-E has also trained linkage facilitators to follow up with HIV-infected mothers and others to ensure they continue treatment. Linkage facilitator Helen Chelengat routinely follows up with Chebet to make sure that she keeps health care appointments and takes her medicine at home.

Chelengat also gives Chebet and her husband guidance on feeding practices for their children to ensure good nutrition.

Currently, Chebet is seven months pregnant and is optimistic that her third child will be HIV free. Her husband, who is HIV negative, is supportive:

> *"We hope to have two more children and then stop."*

Chebet is grateful to staff at Kapchorwa Hospital for their support and encourages other mothers to seek early treatment. She says: "I am very happy to have healthy children."

Option B+, a strategy for preventing mother-to-child transmission of HIV, provides lifelong antiretroviral therapy for all pregnant HIV-infected women regardless of gestational age and CD4 cell count. CD4 count is a measure of CD4 cells

per cubic millimeter of blood. HIV attacks CD4 cells, which play a major role in protecting the body from infection. The Malawi Ministry of Health devised Option B+ with support from MSH's Basic Support for Institutionalizing Child Survival (BASICS) program, funded by USAID. Option B+ was fully adopted by the World Health Organization in 2013.

Tadeo Atuhura is a former country communications manager for MSH Uganda.

12 TRACK TB HOME VISITS IN UGANDA HELP STRENGTHEN ADHERENCE TO TB TREATMENT

— Tadeo Atuhura

As is the norm in the extended family support system in Uganda, Flora Mugisa helped care for her sister who was suffering from multidrug-resistant tuberculosis. A year later, Flora also fell sick. She lost her appetite, grew thin, and complained of a heavy chest with severe pain.

"I could not sleep at all," says Mugisa, 70. "I would cough throughout the night. My grandson knew that I would die anytime."

A team of health workers supported by the TRACK TB project identified Mugisa as a potential TB case while conducting routine community home visits. TRACK TB, a five-year project funded by USAID and led by MSH, aims to increase TB case detection and treatment success rates to meet Uganda's national targets for reducing the burden of TB, MDR-TB, and TB/HIV.

Mugisa was initially diagnosed with drug-sensitive TB, but after she failed to respond to treatment at Hoima District Hospital, she received a diagnosis of MDR-TB and was sent to Mulago National Referral Hospital.

Flora Mugisa receives incentives (porridge and milk) from the hospital team during a home visit. Photo credit: Tadeo Atuhura/MSH

"She was very bad off and we had to refer her quickly for support," says Janet Anguzu, a senior TB nursing officer at Hoima District Hospital.

Although Hoima was closer, it lacked the capacity to handle MDR-TB cases such as Mugisa's, who required hospitalization. After 10 months of treatment at Mulago, Mugisa recovered enough to be sent back home for close monitoring and support. The MDR-TB care team at Hoima conducted trainings and mentorship at a lower-level health facility near Mugisa's home where she received daily directly observed treatment.

Through TRACK TB-supported monthly clinical reviews, medicine deliveries, quarterly home visits, and mentorships conducted by Hoima District Hospital, Mugisa completed her treatment

after nearly two years. She gained weight, had more energy, and resolved all TB symptoms.

According to Mugisa:

> *"I can now grow my own food. Before, I could not support myself and depended on my neighbors for everything. I now feel strong and happy."*

TRACK-TB has helped many people such as Mugisa. Fifty-two MDR-TB patients had been enrolled at the selected hospitals at the beginning of the project, compared to 462 by the end of 2015. At a ratio of 150 TB patients for every 100,000 people, Hoima District has one of the highest TB prevalence rates in the country. Hoima District Hospital manages over 900 TB clients annually, making it the ninth highest TB-burdened district in Uganda.

TRACK-TB supports 6 of 15 MDR-TB treatment facilities in Uganda and provides treatment services to over two-thirds of all MDR-TB patients in the country.

Tadeo Atuhura is a former country communications manager for MSH Uganda.

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PHOTO: GWENN DUBOURTHOUMIEU (NIGERIA)

TAO OF LEADERSHIP

Go to the people
Live with them
Love them
Learn from them
Start with what they have
Build on what they know.

But of the best leaders
When their task is accomplished
The work is done
The people will all remark
We have done it ourselves.
—Lao Tzu

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