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Edward Kataika

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About SPS

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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Key Words

[Self Assessment, Management, Sustainability, Regional Pharmaceutical Strategy]

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ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AC</td>
<td>Advisory Committee [ECSA]</td>
</tr>
<tr>
<td>ADR</td>
<td>Adverse Drug Reaction</td>
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<tr>
<td>AFRO</td>
<td>Africa Regional Office (WHO)</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>ARVs</td>
<td>Antiretroviral</td>
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<tr>
<td>CIB</td>
<td>Coordinated Informed Buying</td>
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<tr>
<td>CRHC</td>
<td>Commonwealth Regional Health Community</td>
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<td>DG</td>
<td>Director General (ECSA)</td>
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<td>DJCC</td>
<td>Directors’ Joint Consultative Committee [ECSA]</td>
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<tr>
<td>EAC</td>
<td>East African Community</td>
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<tr>
<td>ECSA</td>
<td>East, Central, and Southern Africa</td>
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<tr>
<td>ECSA HC</td>
<td>East, Central, and Southern Africa Health Community</td>
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<tr>
<td>EM/DL</td>
<td>Essential Medicines (Drugs) List</td>
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<tr>
<td>GMP</td>
<td>Good Manufacturing Practices</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HSSD</td>
<td>Health Systems and Services Development Programme [ECSA]</td>
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<tr>
<td>MOST</td>
<td>Management and Organizational Sustainability Tool</td>
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<td>MSH</td>
<td>Management Sciences for Health</td>
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<td>NEPAD</td>
<td>New Partnership for Africa Development</td>
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<td>OI</td>
<td>Opportunistic Infection</td>
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<td>RPF</td>
<td>Regional Pharmaceutical Forum</td>
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<td>RA-CDP</td>
<td>Regional Advisory Committee on Medicines and Pharmaceuticals</td>
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<td>REC</td>
<td>Regional Economic Community</td>
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<td>REDSO</td>
<td>Regional Economic Development Services Office (USAID)</td>
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<td>RHMC</td>
<td>Regional Health Ministers’ Conference</td>
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<td>RLI</td>
<td>Regional Logistics Initiative [USAID]</td>
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<td>RPM Plus</td>
<td>Rational Pharmaceutical Management Plus Program/[MSH]</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<td>SPS</td>
<td>Strengthening Pharmaceutical Systems Program (MSH)</td>
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<tr>
<td>STG</td>
<td>Standard Treatment Guidelines</td>
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<tr>
<td>TOR</td>
<td>Terms of Reference</td>
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<tr>
<td>TWGs</td>
<td>Technical Working Groups</td>
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<tr>
<td>USAID/EA</td>
<td>United States Agency for International Development/East Africa</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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**INTRODUCTION**

The East, Central and Southern African Health Community (ECSA HC) established the Regional Pharmaceutical Forum (RPF) in 2003, as a network to strengthen pharmaceutical management systems in member states. The RPF’s ultimate aim is to improve and expand access to high quality pharmaceuticals and other health commodities, by providing technical leadership and support to countries to enhance advocacy for and implementation of best practices in pharmaceutical management. The anticipated improvement in access will be achieved through focused technical assistance for efficient supply systems that function cost effectively. Development and implementation of enabling medicine policy environments will be supported so that these systems are well grounded. Additionally, strategic pharmaceutical and commodity management information will be provided as a cornerstone activity for improved decision making.

USAID-EA has funded the RPF since inception. As the Regional Economic Development Services Office (REDSO), the USAID office had recognized and supported pharmaceutical management as a key contributor to achieving better health outcomes. The Regional Logistics Initiative Project, under which the RPF (initially named Regional Drug Forum) was formed, marked the beginning of this support for strengthened pharmaceutical systems and services.

To achieve the objectives of the RPF, ECSA-HC has collaborated with and received technical assistance from her partner, the Management Sciences for Health/Strengthening Pharmaceutical Systems (MSH/SPS) Program, in implementing the activities of the network. MSH/SPS and ECSA-HC have guided the Expert Committee and the Technical Working Groups (TWGs) of the RPF since inception.

The RPF’s activities are implemented through four Technical Working Groups TWGs, namely,

- Policy, Legal Framework and Management Support;
- Procurement, Distribution and Supplies Management (including HIV/AIDS-related Pharmaceuticals);
- Rational Use of Medicines;
- Medicines Registration and Quality Assurance.

Since its launch in August, 2003, the RPF has held several meetings during which Regional Pharmaceutical Strategies have been developed or ratified, the TWGs re-constituted to align them to the network’s needs; key documents received and edited; working modalities and annual rolling Workplans developed and specific topics addressed.

**Meeting Objective**

The general objective of the Lusaka Meeting was to review the Regional Pharmaceutical Strategy (2009 – 2012), re-visiting its relevance, in light of strategic and operational plans of pharmacy departments of the Ministries in charge of health in member states, and, also exploring options for the RPF’s sustainability.

**Specific Objectives**
1. Review the Regional Pharmaceutical Strategy 2009 – 2012 to align proposed key interventions for improvement of pharmaceutical management to those of the member states pharmacy departments’ strategic and operational plans.

2. Undertake a self-assessment on the management and organization of the RPF with a view to recommending options for sustainability and resource mobilization at country level.

3. Propose membership of the Expert Committee and the TWGs.

4. Receive progress reports on TWG activities and status of member states pharmacy services and the challenges facing them.

The approach to the 7th RPF Meeting was built around 3 key questions:

a) What is RPF’s Position?
   - Looking back on the goals and objectives at the launch of the network (then called the Regional Drug Forum) and examining how well the network has remained true to or adjusted its mission to meet its mandate;
   - Examining the current Pharmaceutical Strategy (PS) for relevance and capacity to address the challenges;
   - Reviewing the interventions developed to date and how well member states have utilized these.

b) What Problems/ challenges is the RPF facing?
   - Is the network adequately robust to meet/serve its purpose?
   - Has it continued to grow?
   - How does the RPF meet the resources (financial, human) necessary for its functioning?

c) What are the Possible Solutions?
   - What interventions would bear most fruit in impacting the pharmaceutical services in member states?
   - How do we ensure the RPF’s sustainability?

The meeting’s Program (Annex 1) was drawn up accordingly.

**Brief on Proceedings of the Meeting – Day 1.**

**Opening Session**

Apologies from the MOH Zambia were conveyed by Oliver Hazemba, MSH, Zambia office. He explained that senior Ministry officials had just returned from a SADC meeting, but would join the RPF Meeting in the course of the three days.

**Opening Session i): E. Kataika**
The Meeting was officially opened by Edward Kataika, Program Manager, Health Systems and Services Development, ECSA HC at 9:30 am. He brought greetings from the Director General of
ECSA, Dr. Josephine Kibaru-Mbae. He conveyed her apologies, for not being able to attend and also best wishes for a fruitful meeting.

Mr. Kataika noted that there have been changes at the Secretariat over the last 12 months. A new DG and DDID was in place. However, he assured participants that the new leadership was committed to raising high issues of pharmaceutical management on the Secretariat’s agenda. To this end, the Secretariat wished to have the pharmaceutical Strategy revised and aligned to MS strategies to add value to country level efforts. He expressed the hope that partners will respond favourably to ECSA’s resource mobilization efforts to ensure that priority interventions are implemented.

Further, Mr. Kataika noted that the Secretariat is aware that the absence of a dedicated officer on pharmaceuticals has and will continue to affect implementation of the Strategy. The new leadership has re-opened dialogue with a partner who had earlier expressed interest in supporting the establishment of a pharmaceutical desk. The Secretariat is optimistic that upon successful conclusion of the discussions, a pharmaceutical desk will soon be established.

Mr. Kataika observed that the Secretariat is aware that Expert Committees provided a critical link between the program activities of the Secretariat and the vast body of evidence and best practices from the region and beyond. Also, that the ECs provide the linkages between regional and country level efforts. For this reason extra effort will be put into ensuring that meetings are covered at least once a year. At the same time the Secretariat is hopeful that participants will make suggestions on how a vibrant network can be achieved and sustained.

In concluding, Mr. Kataika expressed appreciation to the MOH Zambia for accepting to host the meeting.

Meeting participants from 8 countries, namely, Kenya, Lesotho, Malawi, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe, introduced themselves. They comprised chief pharmacists and chief executive officers of drug regulatory authorities, procurement agencies and academic/training institutions, or their representatives, from the MS. (Participants list Annex 2).

E. Kataika went over the Agenda and explained that over the years, these meetings of the Technical Working Groups of the RPF have been highly participatory opportunities for work planning, briefing and updating. Like previous ones, this meeting will comprise plenary and group work sessions with summaries of the previous day’s work presented by session chairs at the start of each day. He pointed out that the output of the Meeting would form the bulk of interventions for the remaining life of the current Pharmaceutical Strategy. He took note of the key activity slotted for the second day of the meeting - the self assessment of the RPF network and hoped that the output would help re-focus and re-energize the RPF.
## Meeting Objectives

<table>
<thead>
<tr>
<th>Objectives</th>
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<tbody>
<tr>
<td>- Receive the revised Regional Pharmaceutical Strategy 2009-2012 and propose membership of the Expert Committee and TWGs</td>
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<tr>
<td>- Align proposed key interventions for improvement of pharmaceutical management contained in the Strategy to those of MS strategic and operational plans</td>
</tr>
<tr>
<td>- Undertake a self-assessment on the management and organization of the network, with a view to recommending options for sustainability and resource mobilization at country level.</td>
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<tr>
<td>- Receive progress reports on implementation of RPF interventions</td>
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## Expected Output

<table>
<thead>
<tr>
<th>Expected Output</th>
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<tbody>
<tr>
<td>- Recommendations and specific activities for sustainability of the RPF network in line with the Regional Strategy 2009 – 2012</td>
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<tr>
<td>- Proposed list of members for the Expert Committee and the TWGs</td>
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<tr>
<td>- Report on implementation of RPF interventions</td>
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</table>

## Opening Session ii): Moses Mukuna- USAID, EA

Mr. Mukuna expressed his joy at being invited to the 7th RPF and for the opportunity to participate in the Meeting. In his brief remarks (below) Mr. Mukuna encouraged participants to contribute freely and focus energies on the 3 key questions to be answered.
On behalf of USAID/EA, which is a USAID regional mission based in Nairobi Kenya, I would like to thank ECSA-HC Secretariat and MSH/SPS project for organizing this important meeting.

USAID supports activities to improve pharmaceutical and commodity management because it believes that to achieve better health outcomes and improve access to high quality pharmaceuticals and other health commodities, it is critical that we have efficient and effective pharmaceutical management systems to support public health services in the region.

From a regional perspective, USAID/EA works to complement the work of National governments in the countries in the region and USAID missions in those countries through supporting Regional organizations such as the East, Central and Southern Health Community (ECSA-HC) and providing Technical Assistance through partner organization such as MSH/Strengthening Pharmaceutical Systems project in the areas of:

- Procurement,
- Health Commodity management,
- Rational use of drugs,
- Pharmaceutical policies and legal frameworks,
- Medicines regulation and more recently,
- Renewed focus on AMR.

Results/achievements have included:

- The Standard Treatment Guidelines for HIV/AIDS, TB and malaria and a complementary Regional Formulary,
- Curricula on Commodity management at District level
- Coordinated Informed Buying
- Performance assessment tool for pharmaceutical management systems.

The RPF, by bringing together key stakeholders, provides an opportunity for ECSA countries to analyze the constraints and identify the gaps in pharmaceutical management systems in order to develop and implement appropriate interventions for implementation at regional and country level.

USAID/EA considers the RPF as playing an important role in:

- Advocacy;
- Sharing and dissemination of best practices, experiences and lessons learnt;
- Providing Technical input into development of policies and tools.

Challenges:

- There is need to promote widespread use/application of available documents and tools already developed. These may require revision and updating,
Sustainability of RPF as a Network.

In conclusion, Mr. Mukuna hoped that the participants would come up with recommendations that will help push ahead the RPF objectives.”

**Technical Session I:**

The first technical session of the Meeting was presented by R. Kirika, MSH/SPS, who is the lead TA for the RPF (*Annex 3*). Ms. Kirika explained that the first day of the meeting was going to establish the position of the RPF in relation to its purpose at formation, its mode of operation to date and the relevance of the two Strategic Plans (2004 – 2008 and 2009 – 2012) that had been in place since its inception. Secondly, the Forum would receive status reports of member states’ pharmaceutical sectors to identify good practices and the challenges they are facing in order to determine how well the Regional Strategy addresses the needs. This re-examination was necessary to:

- Keep the Pharmaceutical Strategy (PS) a robust and living document
- Recognize limitations in implementation and propose mitigating activities for the PS at country level;
- Use opportunity to review the “Position of the RPF Network” in light of what is envisaged by the Strategy;
- Revise the technical thrusts of the PS, as informed by individual national pharmaceutical Plans, to promote incorporation and implementation of the Strategy’s planned activities.

In summary, the presentation noted that the RPF’s Strategic Objectives, as contained in the Strategy, resonated with individual member states key concerns for improving access to pharmaceuticals for improved health care. The Objectives are:

- **SO 1:** To strengthen policy, legal framework and management support systems for pharmaceuticals in MS;
- **SO 2:** To promote rational use of pharmaceuticals in the ECSA region;
- **SO 3:** To improve the efficiency of pharmaceuticals procurement and distribution systems;
- **SO 4:** To support Strengthening of medicine regulatory and quality assurance systems.

The presentation reviewed the challenges in pharmaceutical sector of member states, the achievements to date, and the proposed interventions. Additionally, a comparison was made of the RPF’s goal and objectives at inception and in the current Strategy to ensure that focus is not lost but the RPF is responsive to emerging health issues and changes in the pharmaceutical environment.

In conclusion, it was noted that the Strategy reflects the current situation in the sector and once implemented, the interventions will contribute to achievement of improved access to quality pharmaceuticals and other medical supplies in individual member states through regionally designed approaches.
Technical Session II:
In the afternoon, the meeting received reports from five member states (Annex 4). A structured questionnaire (Table---- below) to guide, (but not limit) the presentations had been sent out to participants with the invitations to the meeting.

Table----Guidance for Power Point on Country Pharmaceutical Sector Brief

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Key Points</th>
<th>Challenges</th>
<th>Strengths</th>
</tr>
</thead>
</table>
| Governance (Medicines Policies, Regulation, QA ) | • Date Policy updated/revised  
• NDRA assessed? Report?  
• Pharmacovigilance?  
• Decisions on Pharmaceutical management evidence-based? (Use of the ECSA Tool?) |------------|-----------|
| Supply Chain Management (procurement/distribution) | • Autonomous Procurement Agency  
• Public Procurement Law?  
• Supplier performance monitoring/evaluation?  
• Inventory management?  
• Curricula for training personnel for pharmaceutical management at certificate/diploma level?  
• ECSA curriculum? | | |
| Appropriate Medicine Use and AMR containment | • DTC Activities?  
• Raising awareness for AMR in medical/pharmacy/nursing schools? | | |

Q2: Identify any better practice impacting any component of the pharmaceutical management cycle for sharing and possible inclusion in Regional activities.

At the end of the country report presentations, participants discussed and summarized priority areas of concerns, where they felt they could most readily learn from each other adopting better practices with minimum delay. Further, some of these activities may need to be included into the Planned Activities of the Strategy as it is reviewed.

Key Issues Raised from Country Reports:
On Supply Chain Management:
1. Handling Fee (donor funded pharmaceuticals & supplies were procured, but no provision was made of the distribution [warehousing and transportation to destination] costs). A clear strategy on how to work-in a handling fee would be of tremendous value.
2. Ways to strengthen Selection of medicines so that Procurement is based on Essential Drug List; the role Medicines and Therapeutic Committees MTCs.
3. Targeted approach towards donor coordination in procurement and distribution of medicines;
4. Public Procurement and Disposal Acts (PPDAs) are common to many member states—often these lack the needed flexibility for pharmaceutical procurement.
5. Pharmaceutical Human Resource- retention strategies that work particularly for supply chain management (SCM); Training of Pharmaceutical HR- Harmonized / Common Curricula?
6. Pooled Procurement
   - Process
   - Training

On Regulatory Issues:
7. Coordinating the Regional Economic Communities (RECS)/ECSA to minimize duplication of efforts.
8. Quality Assurance issues and possibility of NDRAs sharing information.
9. Common “Regulatory Authority” or a Database where member states could access information, particularly supporting those countries that have not yet established DRAs
10. Harmonized regulatory framework – Reciprocity in Registration.

On Leadership & Governance:
11. Governance – templates for Organizational Structure for
    - DOPs
    - National Medical Stores
12. Guidance on what cadres member states should train. Role of Pharmacist clarified/Pharmaceutical technician. Who is the pharmaceutical professional”?
13. Legislation in most countries is outdated. Is there possibility of a common approach?
14. Grants / allocation from central Government. How to empower the professionals to control the expenditure;
15. Develop common Disposal guidelines along the lines of the Generic Medicines Policy
16. Determine capacity of Region to manufacture medicines.
17. The RPF to contribute to combating the problem of Counterfeits.

The ensuing discussion brought out the commonality of challenges faced by member states.

**Day 2: Self-Assessment of the RPF**

The 2nd day addressed Objective 3 of the Meeting - “To undertake a self-assessment on the management and organization of the RPF with a view to recommending options for its sustainability and resource mobilization at country level”. R. Kirika and Oliver Hazemba (MSH Zambia) guided the session.
To facilitate the process, the Management and Organizational Sustainability Tool (MOST) was employed. The MOST is a “structured and participatory process that allows organizations to assess their own management performance and develop a concrete action plan for organization
The Tool adopted for networks (N-MOST) was used for the RPF. This approach was taken to enable the RPF answer the key concerns of where the network currently was, what was its strategic direction and whether this was going to be achieved through the Regional Strategy 2009 - 2012, and, to explore options on how to manage any identified changes.

The MOST enables an organization to utilize its own members to undertake a self assessment sourcing data from their experiences, immediately analyzing it and then developing plans for application towards improvements, within a limited time i.e. workshop setting. A success outcome with the MOST is premised on improved management leading to quality services which in turn will bring client satisfaction. The strengthened organization will more sustainably cope with changing environments e.g. financial situations be they reduced funding or a demand to demonstrate value for money from funding partners. The MOST examines five key management areas of an organization, namely:

- Mission – whether the organizations has a clearly articulated Mission well recognized by staff and clients.
- Values – whether these exist and are applied in implementing the work of the organization.
- Strategy – whether its aligned to the Mission and values of the organization, being cognizant of the client’s needs and responding appropriately;
- Structure – which will promote good governance, having clear lines of authority, roles and responsibilities, communication, decision making and accountability?
- Systems - documented to allow for consistency and continuity e.g. human resource, monitoring and evaluation.

Participants were divided into three groups; i) Policy and management support; ii) Regulatory and medicine use; iii) Supply Chain Management. The Group work was undertaken over three sessions. After each session, the Groups presented their findings and a consensus was built on the status and functioning of the network.

- **Group Work Session 1: A collective perspective on “Where is the Network now?”**
  
  - The 3 groups responded to the management components queries;
  - For each management component, the group shared experiences and discussed the current status of development of the Network then gave a score.
  - Presented the evidence in form of challenges and strengths.
  - Report-out and consensus build on scoring and evidence.

- **Group Work Session 2: “Where is the Network headed?”**
  
  - For each management component, the Groups identified the contributing and root causes for the status.
  - Set 1-2 SMART objectives for each of the management components.
  - Provided evidence to show that the objective had been achieved.

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1 Management and Organizational Sustainability Tool, *Management Science for Health*
• Report out and consensus obtained on the objectives.

● **Group Work Session 3:** *“How will we reach our objectives?”*
  • Prioritized the management components to be improved
  • Identified Actions to be implemented (Action Plan with timeline)

At the end of the first two group sessions, it was agreed that in the interests of time, the Policy, Legislative and Management Support Group should develop a Mission and identify the core Values of the network so that these key management elements of the network would be in place at the end of the Meeting. The Group’s deliberations were presented for consensus in plenary at the same time as Group Session 2 and agreed on.

Although the participants felt there may have been bias in the assessment because of inconsistencies in country representation at each RPF meeting, they were in agreement that the assessment was extremely valuable and the output would strengthened the RPF network.

*Annex 5 presents the consensus on the Groups’ rating of each management component and the evidence for each score.*
Table 2 below summarizes the Findings.

<table>
<thead>
<tr>
<th>Management areas:</th>
<th>Management components:</th>
<th>Findings</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission</td>
<td>Existence and knowledge</td>
<td>No formal mission statement exists or the existing mission statement is inconsistent with the current network purpose and the needs of its members.</td>
<td>Mission statement developed during the meeting.</td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td>Values</td>
<td>Existence and application</td>
<td>The values of the network have not been defined</td>
<td>Values developed for inclusion in the Strategy</td>
</tr>
<tr>
<td>Strategy</td>
<td>Links to mission and values</td>
<td>Strategies are developed in response to funders' requirements without reference to the mission and values of the network.</td>
<td>Participants who have been more actively involved in the RPF explained to the others that the RPF actually develops and monitors strategies making pertinent changes based on analysis of current internal and external environment.</td>
</tr>
<tr>
<td></td>
<td>Links to clients and community</td>
<td>Network actively develops and monitors strategies making pertinent changes based on analysis of current internal and external environment.</td>
<td></td>
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<tr>
<td></td>
<td>Links to potential clients</td>
<td>Yes; but limited</td>
<td></td>
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<tr>
<td>Structure (Governance)</td>
<td>Lines of authority and accountability</td>
<td>There are no formal documents defining decision making and membership criteria and operational policies and procedures of the network.</td>
<td>This has led to lack of Consistency in member states’ representation at RPF Meetings. Expert Committee members were to be identified by Meeting participants. NB: ECSA must re-double efforts to get the Pharmaceutical Program operational.</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td>Limited; weak links in network (Secretariat to members and among members.</td>
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<td></td>
<td>Roles and responsibilities</td>
<td>Yes; between Secretariat &amp; MSH; Not clear for MS.</td>
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<td></td>
<td>Decision-making</td>
<td>Members actively engage in making decisions that affect the Network</td>
<td>Input in the revised Strategy</td>
</tr>
<tr>
<td>Systems</td>
<td>Planning</td>
<td>Yes; some members have been guided by RPF’s initiatives in implementing country plans;</td>
<td>Systems were in place (Planning, financial, funding,</td>
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</table>
### Management areas:

<table>
<thead>
<tr>
<th>Management components:</th>
<th>Findings</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. use of ECSA Generic Medicines Policy to inform review of country Drug Policy.</td>
<td>M&amp;E) and member states were participating, but in a limited way in some areas. Systems need immediate attention for the organization’s sustainability.</td>
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<tr>
<td>Human resource management</td>
<td>Network has no dedicated staff. Member states are independently responsible for selecting participants for RPF activities. Also the network has not had a strategy to support HR Development for MS</td>
<td>HR is a critical issue and should receive targeted attention.</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>The organization regularly monitors its own work to determine adherence to plans and progress towards goals and objectives.</td>
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<tr>
<td>Information management</td>
<td>Routine data are fairly accurate. Some reports are submitted on schedule. They occasionally use this information to make management and programmatic changes.</td>
<td>MS have actively participated in data collection on status of pharmaceutical systems. Make greater use of email; the website but Disseminate widely.</td>
</tr>
<tr>
<td>Quality assurance</td>
<td>The organization acknowledges the importance of high-quality products and services. It has not yet initiated activities to regularly assess and improve quality.</td>
<td>Utilize ECSA’s new Website fully.-</td>
</tr>
<tr>
<td>Financial management</td>
<td>Financial reports are handled by ECSA Secretariat and MSH. present an accurate, complete picture of the organization's expenditures, revenue,</td>
<td>The continued funding from USAID EA must mean reports are satisfactory.</td>
</tr>
<tr>
<td>Revenue generation</td>
<td>The organization operates with a single source of revenue, usually one large funder, whose mandate shapes strategies</td>
<td>Diversify funding</td>
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</table>
The Proposed Mission of the RPF

To support Member States strengthen health care delivery systems with equitable access to quality essential medicines and medical supplies which are rationally used. Technical assistance (TA) and guidance will be sought for an integrated approach in the development, harmonization and implementation of pharmaceutical policies, regulatory frameworks and supply chain management systems to maximize resource utilization.

Proposed Values

- Good governance
- Accountability
- Transparency
- Equity/Fairness
- Evidence based decisions making
- Innovation
- Teamwork
- Ethical practice

*Technical Session 3 – Country Reports on AMU/AMR Activities*

This was a presentation on member states activities on antimicrobial resistance. Recognizing the need to address the urgent issue of antimicrobial resistance, the RPF included AMR containment in the revised Pharmaceutical Strategy 2009 – 2012. AMR containment was the theme of the 2008 annual RPF meeting. An advocacy paper was developed during this meeting and disseminated in subsequent Directors of Health Meetings to raise awareness on the issue.

Titled “Curriculum Review and Integration of AMR/AMU in Undergraduate Medical Training Programme in Zambia”, the report provided insights in approaches to incorporating AMU in the undergraduate institutions in member states as a long term intervention. *(Annex 6).* The presentation demonstrated a best practice. The approach will need modification to suit different environments in the member states. Valuable lessons were learnt and shared by the implementers.

*Proceeding s – Day 3*

The third day’s Agenda was devoted to:

1. Completing the two last stages of the MOST assessment i.e. to
   - Set 1-2 SMART objectives for each of the management components;
   - Identify Actions to be implemented (Action Plan with timeline);
2. Identifying the membership of the Expert Committee
3. Reviewing the Pharmaceutical Strategy to:
   - Incorporate these planned activities.
   - Revised membership of the Expert Committee.
4. Charting the way forward

**i) Action Plan:**

Working in the same Groups and based on the RPF’s four Strategic Objectives, participants selected from the Consensus matrix one objective per management component and debated various activities (*Annex7*). In plenary, an activity for implementation was selected for each Strategic Objective. The matrix below shows the agreed objectives and activities.

ii) A country focal person should be identified (from the Expert Committee members?)
## Action Plan

### Objective 1: Policy, Legal Framework & Management Support

<table>
<thead>
<tr>
<th>ACTIVITY TITLE</th>
<th>TIMEFRAME</th>
<th>INDICATORS</th>
<th>ESTIMATED BUDGET</th>
<th>ASSUMPTIONS/RISKS</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promote good governance in pharmaceutical systems of ECSA MS.</strong>&lt;br&gt;• Analyze current situation of MS structures&lt;br&gt;• Develop generic structure&lt;br&gt;• Advocate at DJCC &amp; HMC&lt;br&gt;• Domesticate in member states</td>
<td>2011/2012</td>
<td>• appropriate management support systems in place&lt;br&gt;• Standard Organogram&lt;br&gt;• Updated NMP&lt;br&gt;• Legislation</td>
<td></td>
<td></td>
<td>ECSA – Advocacy; Countries</td>
</tr>
<tr>
<td><strong>Build HR Capacity for pharmaceutical management</strong>&lt;br&gt;• Needs assessment&lt;br&gt;• Explore approaches for professional courses training/ at various levels: (Review Curricula; internship training; in-service training; Leverage with on-going programs).&lt;br&gt;• Explore options for College without walls – i.e. within ECSA systems.</td>
<td>2011/2012</td>
<td></td>
<td></td>
<td></td>
<td>Incorporate into MS strategic plan.</td>
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</tbody>
</table>
Objective 2: Procurement, Distribution and Supplies management (Supply Chain Management TWG)

<table>
<thead>
<tr>
<th>ACTIVITY TITLE</th>
<th>TIMEFRAME</th>
<th>INDICATORS</th>
<th>ESTIMATED BUDGET</th>
<th>ASSUMPTIONS/RISKS</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participate in and provide information for the CIB website on:</td>
<td>2011/2012</td>
<td></td>
<td></td>
<td></td>
<td>• ECSA to ensure RPF has a page on her website;</td>
</tr>
<tr>
<td>• Standard bidding documents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• MS to provide information, (where this is legally viable)</td>
</tr>
<tr>
<td>• Supplier performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• List of pre-qualified suppliers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Database of MS drug registers (GMP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Share Tender Medicine prices</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• In reference to Handling fees, tested Options for negotiations between member states &amp; donors (MoUs?);</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tender procedures</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Develop/review templates for capturing and uploading data from MS.</td>
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</tbody>
</table>

Objective 3: Promote Rational Use of Medicines.

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<thead>
<tr>
<th>ACTIVITY TITLE</th>
<th>TIMEFRAME</th>
<th>INDICATORS</th>
<th>ESTIMATED BUDGET</th>
<th>ASSUMPTIONS/RISKS</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthen Medicines and Therapeutics Committees</td>
<td>2011/2012</td>
<td>One Training on DTCs for at least 4 countries that don’t have national DTCs.</td>
<td></td>
<td></td>
<td>MSH/AMR Portfolio</td>
</tr>
<tr>
<td>2. Development of EML by national DTC.</td>
<td></td>
<td>2 countries with EMLs who currently don’t have.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Objective 4: Strengthen/establish the National Medicines Regulatory Authorities in all ECSA member.

<table>
<thead>
<tr>
<th>ACTIVITY TITLE</th>
<th>TIMEFRAME</th>
<th>INDICATORS</th>
<th>ESTIMATED BUDGET</th>
<th>ASSUMPTIONS/ RISKS</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Circulate the DRA Assessment Report.</td>
<td>2011/2012</td>
<td>No. of study tours undertaken annually.</td>
<td>(Funded by member state; facilitated by RPF.</td>
<td></td>
<td>ECSA MS</td>
</tr>
<tr>
<td>• Organize Study tours for those MS who do not have NMRAs to selected DRAs within the (GMP inspection, Dossier evaluation ;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Advocate for establishment or strengthening of NMRAs in MS.</td>
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</tr>
</tbody>
</table>

# Objective 5: Establish efficient and effective systems for monitoring & evaluating the Results of RPF work in the timeframe of the 2009 – 2012 Strategy.

<table>
<thead>
<tr>
<th>ACTIVITY TITLE</th>
<th>TIMEFRAME</th>
<th>INDICATORS</th>
<th>ESTIMATED BUDGET</th>
<th>ASSUMPTIONS/ RISKS</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regular application of the Performance Assessment Tool in MS to inform strategies.</td>
<td>2011/2012</td>
<td>Reports available every two years.</td>
<td></td>
<td></td>
<td>ECSA; MS chief pharmacists.</td>
</tr>
<tr>
<td>• Dissemination of reports widely so that RPF can use them for advocacy.</td>
<td></td>
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</tbody>
</table>

**A FOCAL PERSON FOR RPF-ECSA IS A MUST**
ii) Identifying the membership of the Expert Committee

The exercise for proposing names for the Expert Committee was carried out based on the proposals contained in the Regional Pharmaceutical Strategy 2009 – 2012.

Responsibilities of the Regional Pharmaceutical Forum Expert Committee

In line with other expert committees of ECSA, the EC has overall policy oversight for achieving the objectives of the Regional Pharmaceutical Strategy and will be responsible for the technical outputs. Specifically, the EC will be responsible for:

- Formulating the strategy and policy of the RPF;
- Coordinating TWG activities;
- Developing operational plans for implementing the strategy;
- Monitoring and evaluation of activities;
- Managing the implementation framework;
- Advocacy and communicating the Plan;
- Managing external relations for the RPF;
- Facilitating capacity building
- Resource mobilization for the RPF’s activities

Proposed Team of Expert Committee should have not more than 13 Members comprised as follows:

Collaborating Partners 1
ECSA Health Community 1
USAID/EA 1
MSH/SPS(TA) 1
Representative of the TWGs 3
Recognized Expertise (outside TWGs) 5

Participants to the meeting proposed the following:

The three Chief Pharmacists/Directors of Pharmaceutical services present in the meeting will represent the TWGs;
Two names from each country present were put forward to take up the 5 expert positions.
Selection of the 5 experts will be finalized in a manner that will provide equitable distribution across the 10 active member states of ECSA and cover the needed field of expertise to meet the RPF’s SOs. The emphasis needs to be EXPERTISE so that policy, pharmaceutical management, and cross cutting issues (e.g. medicines & Therapeutics Committees) are covered.
## Proposed Names

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Area of Expertise</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Prof. Grace Thoithi</td>
<td>HR/Academic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Fred Siyoi</td>
<td>Regulatory</td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td>Teboho Khetsekile</td>
<td>Supply Chain Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gertude Mothibe</td>
<td>(Insert)</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>G. Kadewere</td>
<td>Chief Pharmacist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A. Sosola</td>
<td>Regulatory</td>
<td></td>
</tr>
<tr>
<td>Mauritius</td>
<td></td>
<td></td>
<td>No-Response</td>
</tr>
<tr>
<td>Seychelles</td>
<td></td>
<td></td>
<td>No-Response</td>
</tr>
<tr>
<td>Swaziland</td>
<td>Fortunate Fakudzi</td>
<td>Ag. Chief Pharmacist &amp; Supply Chain</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td></td>
<td></td>
<td>No-Response</td>
</tr>
<tr>
<td>Uganda</td>
<td>Martin Oteba</td>
<td>Chief Pharmacist</td>
<td>Confirmed</td>
</tr>
<tr>
<td></td>
<td>Apollo Mhairwe</td>
<td>Supply Chain Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof. Odoi</td>
<td>HR/Academic</td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>Davy Nanduba</td>
<td>Ag. Chief Pharmacist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. Lungwani Muungo</td>
<td>HR/Academic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bernice Mwale</td>
<td>Regulatory</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Ropah Hove</td>
<td>Chief Pharmacist</td>
<td>Confirmed</td>
</tr>
<tr>
<td></td>
<td>Dr. Rati Ndhlovu</td>
<td>Medicines &amp; Therapeutics Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ms Gugu Mahlangu</td>
<td>Regulatory</td>
<td></td>
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</table>
ANNEX 1 – MEETING AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15-8:45</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>8:45 – 9:15am</td>
<td>Opening Ceremonies</td>
<td>Session Chair: (Zambia MOH/ECSA/MSH/SPS Team - Edward Kataika)</td>
</tr>
<tr>
<td></td>
<td>Welcome &amp; Announcements</td>
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<td></td>
<td>ECSA HC</td>
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<tr>
<td></td>
<td>USAID /EA</td>
<td></td>
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<tr>
<td></td>
<td>USAID/Zambia</td>
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<tr>
<td></td>
<td>Official Opening</td>
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</tr>
<tr>
<td>9:15 -9:30 am</td>
<td>Purpose of Meeting</td>
<td>E. Kataika, ECSA HC,</td>
</tr>
<tr>
<td></td>
<td>Purpose &amp; Objectives of the Meeting</td>
<td></td>
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<tr>
<td></td>
<td>Program of Work</td>
<td></td>
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<tr>
<td></td>
<td>Expected Outputs</td>
<td></td>
</tr>
<tr>
<td>9:30 – 10:45 am</td>
<td>The Regional Strategy:</td>
<td>Rosalind Kirika, MSH/SPS</td>
</tr>
<tr>
<td></td>
<td>Presentation</td>
<td></td>
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<tr>
<td></td>
<td>Feedback</td>
<td></td>
</tr>
<tr>
<td>10:45-11:00 am</td>
<td>TEA BREAK</td>
<td></td>
</tr>
<tr>
<td>11:00-12:00 pm</td>
<td>Country Reports:</td>
<td>Session Chair: (Uganda Member States’ Chief Pharmacists/Representatives)</td>
</tr>
<tr>
<td></td>
<td>Kenya</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lesotho</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malawi</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Swaziland</td>
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<tr>
<td></td>
<td>Tanzania</td>
<td></td>
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<tr>
<td></td>
<td>Uganda</td>
<td></td>
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<tr>
<td></td>
<td>Zambia</td>
<td></td>
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<tr>
<td></td>
<td>Zimbabwe</td>
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</tr>
<tr>
<td>12:00 – 1:00 pm</td>
<td>LUNCH</td>
<td></td>
</tr>
<tr>
<td>1:00-2:00 pm</td>
<td>Self Assessment for Management, organization &amp; Sustainability of RPF</td>
<td>Session Chair: (Kenya R. Kirika, MSH/SPS)</td>
</tr>
<tr>
<td>2:00 – 5:00 pm</td>
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<td></td>
</tr>
</tbody>
</table>
## DAY 2: Thursday, 10th March, 2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30-10:30am</td>
<td>Self Assessment (Continued)</td>
<td>Session Chair: (Swaziland)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Group work</td>
</tr>
<tr>
<td>10.30-11.00am</td>
<td><strong>Tea Break</strong></td>
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<tr>
<td>11.00am – 1:00pm</td>
<td>Self Assessment - Report out &amp; Discussion</td>
<td>Groups/Facilitator</td>
</tr>
<tr>
<td>1:00 – 2:00pm</td>
<td><strong>LUNCH</strong></td>
<td></td>
</tr>
<tr>
<td>2.00 – 3:30 pm</td>
<td>Self Assessment - Report out &amp; Discussion</td>
<td>Session Chair: (Tanzania)</td>
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<tr>
<td></td>
<td></td>
<td>Groups/Facilitator</td>
</tr>
<tr>
<td>3.30-4.00pm</td>
<td><strong>Tea Break</strong></td>
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</tr>
<tr>
<td>4.00-5.00pm</td>
<td>Country Reports on AMR &amp; AMU Activities</td>
<td>Zambia</td>
</tr>
</tbody>
</table>

## DAY 3: Friday 11th March, 2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30-8.50am</td>
<td>Recap and day’s objectives</td>
<td>Session Chair: (Malawi)</td>
</tr>
<tr>
<td>8.50-10.30</td>
<td>Regional Strategy 2009 – 2012: Priority Interventions</td>
<td>Group Work</td>
</tr>
<tr>
<td>10.30-11.00am</td>
<td><strong>Tea Break</strong></td>
<td></td>
</tr>
<tr>
<td>11am - 1.00pm</td>
<td>Planned Activities 2010 – 2012</td>
<td>Session Chair: (Lesotho)</td>
</tr>
<tr>
<td></td>
<td>Identification of Expert Committee &amp; TWGs Members</td>
<td></td>
</tr>
<tr>
<td>1.00-2.00pm</td>
<td><strong>LUNCH</strong></td>
<td></td>
</tr>
<tr>
<td>2.00-4.00pm</td>
<td>Way Forward</td>
<td>Session Chair: (Zimbabwe)</td>
</tr>
<tr>
<td></td>
<td>Closing Remarks</td>
<td>ECSA HC, USAID/EA, MSH/SPS</td>
</tr>
</tbody>
</table>
ANNEX 2 – MEETING PARTICIPANTS

ZAMBIA

1. Mr. Davies Mwazi Sinyagwe
   Pharmaceutical Inspector
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+256 759 800 132
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TANZANIA

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Ministry of Medical Services  
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Mobile: + 254 722 846 878  
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Fax: + 260 211 260 261614  
Mobile: + 260 977 772 438  
Email: ohazemba@msh.org

21. Mr. Edward Kataika  
Manager, Health Systems Services  
Development Programme  
ECSA Health Community  
P.O. Box 1009  
Arusha, Tanzania  
Tel: + 255 27 254 9362/3  
Fax: +255 27 254 9282  
Mobile: + 255 785 186 720  
Email: ekataika@ecsa.or.tz

22. Ms. Beatrice Muhochi  
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ECSA Health Community  
Email: bmuhochi@ecsa.or.tz

23. Christine Mhanusi  
Resource Centre Assistant  
ECSA Health Community  
P.O. Box 1009  
Arusha, Tanzania  
Email: ictp@ecsa.or.tz

Presentation Outline

- Rationale for Presentation of PS
- The Pharmaceutical Strategy
- The RPF Network
- Contrast RPF and RDF - original mission at inception
- Review the Organization

Rationale for Review

- Keep the Pharmaceutical Strategy (PS) as a robust & living document
- Recognize limitations in implementation of PS at country level;
- Use opportunity to review the “Position of the RPF Network” through the eyes of the Strategy;
- Revise as informed by PS thrusts and country Plans.

Regional Pharmaceutical Strategy 2009 - 2012

- The second Pharmaceutical Strategy (PS) for the RPF since its inception in 2003;
- The PS provides strategic direction for the achievement of the goal and objectives of the RPF.
- An all inclusive approach to the revision and update of the 2004 – 2008 Strategy was adopted;
- Inputs in 2009 to accommodate the key challenge of AMR and increased concerns for HR limitations;
- Proposed inputs in 2011 to align key interventions to those of the member states’ pharmacy strategic and operational plans.

Challenges -1

Lack of access to EMs remains a pressing global health issue. An estimated 30% of the global population, mostly in developing countries, lack access. ECSA member states are in this category and face many barriers to access including:

- Inadequate funding for public health (usually as a result of health sector reforms); this forces increased out of pocket spending by poor households;
- Poor households are more vulnerable to ill health yet have to procure highly priced medicines, further compromising access;
- At systems level, inadequate resources to sustain the supply chain (human, financial, information).

Challenges -2

- Irrational use of medicines by all players in the health sector (prescribers, dispensers patients/consumers), is well documented e.g. excessive antibiotics use is noted from primary to tertiary & referral levels of health care.
- An appreciable proportion of medicines (10-20% in some countries) fail Quality control tests. This aspect is further compounded by increasing presence of counterfeit medicines.

Challenges 3 – Disease Burden

- Vulnerable populations are highly susceptible to common diseases (pneumonia, malaria)
- New, emerging and re-emerging diseases e.g. HIV/AIDS, multi-drug resistant TB and malaria
- Increasing incidence of non-communicable diseases;
- Special challenges in disease management e.g. HIV in children
- Poor access to Reproductive health products.

Challenges 4 – Global Pharmaceutical Environment

- Challenges from implementation of WTO/TRIPS Agreements
- Impact of high prices, especially for new products and those that address resistance (e.g. 2nd line ARVs)

SO 1: To strengthen policy, legal framework and management support systems for pharmaceuticals in MS

- Support Member States to develop/update medicines policies
- Advocate for the review of Medicines legislation in MS
- Promote good governance in pharmaceutical systems;
- Support capacity building for HR for pharmaceutical management

SO 2: To promote rational use of pharmaceuticals in the ECSA region

Strategies

- Training of frontline health staff in the use of clinical guidelines and EDLs
- Training of MTCs in MS on roles and responsibilities
- Develop pharmaco-therapy curriculum for incorporation into undergraduate health courses.
- Develop standardized materials for public education on medicines use.
- Facilitate information sharing and monitoring of Adverse Drug Reactions

SO 3: To improve the efficiency of pharmaceuticals procurement and distribution systems

Strategies

- Support the quantification of medicines in Member States
- Facilitate information exchange on medicines prices and supplier performance as part of the CIB initiative.
- Support improvements in supply chain efficiencies.
- Develop and harmonize information management system.

SO 4: To support Strengthening of medicine regulatory and quality assurance systems

Strategies

- Strengthen/ support establishment/or facilitate collaboration of NDRAs in MS to share expertise;
- Capacity Building of NDRAs
- Harmonize regulatory guidelines and systems.
- Establish and develop effective and efficient system for M&E of NDRAs.
- Assess Quality Assurance Systems in MS & develop standard QA mechanism for the region;
- Establish peer review mechanism;
**RPF Expert Committee-1**

*Expert Committee will play an advisory role to DJCC*

**Functions:**
- Synthesize information from MS and other sources and provide an up to date regional picture of the state of affairs of particular health issues.
- Analyze developments and trends of key policy and technical issues as they relate to the region and advise on implementation options.
- Commission studies that generate evidence to inform health policy and practice in the pharmaceutical field.

**Goal of the RPF**

To provide technical leadership and support to ECSA member states to enhance advocacy for and implementation of better practices to improve pharmaceutical management systems with the aim of increasing access to high quality pharmaceuticals and other health commodities and to promote their appropriate use by the people of the region.

**Objectives - 1**
- Strategize on regional mechanisms for improving access to pharmaceuticals;
- Advocate for pharmaceutical and logistics policy development and implementation;
- Coordinate pharmaceutical and commodity management interventions to maximize resource use;
- Develop interventions to build HR and institutional capacity for improved pharmaceutical systems;

**Activities**
- Development of and advocacy for enabling pharmaceutical policies (NDP, MPIP, STG);
- Development of HR Capacity at pre- and in-service level (Universities & M&Ts);
- Application of Pharmaceutical Assessment Tool to obtain Strategic Information for decision making;
- Documentation & Dissemination of Better Practices within ECSA Region (CIB, Formulary);
- Development of AMR Strategy for ECSA.

**RPF Expert Committee -2**

*Contribute to the setting of regional health priorities and strategic plans for addressing such priorities.*

*Advocating for the operationalization of regional strategies at country level.*

*Assist with monitoring and evaluation of regional strategic plans*

*Review and update the Regional Pharmaceutical Strategy;*

*Hold two meetings per year, one meeting preceeding the Forum of Best Practices and DJCC*

**RPF- ORGANIZATION CHART**
### Objectives 2

- Establish a mechanism for collaboration on procurement of medicines and other health commodities and for gathering market intelligence on pharmaceuticals.
- Document and disseminate strategic pharmaceutical management information and better practices within ECSA region.

### Achievements

- Establishment of an active and recognized network – the RPF;
- Informed rationalization by member states for a pharmaceutical program for ECSA;
- Advocacy for & dissemination of RPF strategies & documents at policy level;
- DAPP for Pooled Procurement (CIB in ECSA and Group Contracting by EAC);
- Awareness creation on anti-microbial resistance and its inclusion in the PS;
- Capacity building for ART Programs at pre-service level;
- Extensive south-south networks which facilitate dialogue and exchange of expertise.

### Regional Drug Forum

**A central mechanism**

- for coordinating pharmaceutical and commodity management activities
- for exploring regional mechanisms for improving access to pharmaceuticals
- setting up a mechanism for collaboration on procurement

### Rationale

- Increased resources for pharmaceuticals due to global initiatives and pharmaceuticals donation programs
  - National budgets, GFATM, WB, Clinton Foundation, Bush PMTCT Initiative, etc.
- Lack of national pharmaceutical system readiness
  - Selection, Procurement, Storage, Distribution & Use
- Lack of human resource capacity
  - Quantity, Type & Quality

### Proposed Goal of RDF

To provide technical leadership and support to CRHC member states to improve access to high quality pharmaceuticals and other health commodities.

### Proposed Objectives (1)

- To coordinate with member states the strengthening of national drug policies, legislation and regulations
- To coordinate the regional harmonization of standard treatment guidelines and essential medicines lists and facilitate the development of a regional formulary
- To coordinate the strengthening of regional and in-country mechanisms for the assurance of the quality of medicines in the region
Proposed Objectives (2)

- To coordinate the strengthening of drug and pharmaceutical management systems in member states, including selection, procurement, storage, distribution, and rational use systems.
- To establish a regional mechanism for collaboration for procurement of pharmaceuticals and other essential medical supplies.

Proposed Terms of Reference (1)

To advise the Conference of Health Ministers on such practical and rational regional activities that may enhance pharmaceutical management.

- Priority considerations:
  - Coordination of regional policies and programmes on pharmaceutical management.
  - Harmonization of treatment protocols and essential pharmaceuticals and commodities lists.
  - Strengthening regional and in-country quality assurance systems.
  - Capacity building for pharmaceutical management.

Proposed Terms of Reference (2)

- Setup a regional mechanism for the collection, collation, and dissemination of drug information including prices, sources, supplier performance, quality assurance, adverse drug reactions, pharmaceutical management, among others.
- To establish a regional mechanism for procurement collaboration.
- To provide TA to member states to strengthen pharmaceutical management systems.

RDF Main Technical Body

The main technical body shall have overall policy oversight for the achievement of the goals of the RDF and specifically responsible for:

- Strategy and policy of the RDF.
- Agreement of operational plans for the implementation of the strategy.
- Monitoring and evaluation of programs and activities.
- Capacity building.

Proposed Organization of RDF

DJCC
RDF
Collaborative Secretariat
PQA TWG TD TWG
HIV/AIDS TPD TWG

Proposed Membership

CRHCS: Regional Secretary
Health Systems Development Coordinator
HIV/AIDS Coordinator
Reproductive Health Coordinator
Chief Pharmacists
HIV/AIDS Program Managers
Physicians from member states
Drugs Therapeutics Committee

Procurement experts
Laboratory technologists
Public health specialists
Pharmaceutical management specialist
Registrars of DRAs
Social Scientist
Pharmaceutical Financing expert
Legal expert
Co-opted members on an ad hoc basis as required.
## Proposed Technical Working Groups

- HIV/AIDS-related pharmaceuticals
- Policy and Quality Assurance
- Procurement and Distribution
- Therapeutics and Drug Information
- Others TBD

## Objectives

**Obj. 1:** Develop and advocate for implementation of enabling pharmaceutical policies for efficient commodity management systems;  
**Obj. 2:** Increase the human resource capacity for providing effective pharmaceutical management within health delivery institutions and systems in the ECSA region;  
**Obj. 3:** Document and disseminate strategic pharmaceutical management information and better practices within ECSA region.  
**Obj. 4:** Apply commodity management tools aimed at strengthening pharmaceutical systems in ECSA region.
ANNEX 4: COUNTRY REPORTS
<table>
<thead>
<tr>
<th>Management Area</th>
<th>Management Component</th>
<th>Stages of Development and Their Characteristics</th>
<th>Current Stage</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission</td>
<td>Mission: Existence and Knowledge</td>
<td>No formal mission statement exists or the existing mission statement is inconsistent with the current network purpose and the needs of its members.</td>
<td>1</td>
<td>Not readily noticeable, not sure of existence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The mission statement exists, is consistent with the network purpose, and is sometimes cited by members of the network.</td>
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<tr>
<td></td>
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<td>The mission statement is frequently cited by members</td>
<td>3</td>
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<td></td>
<td></td>
<td>The mission statement is widely known and regularly reviewed by its members to assure that it reflects the current network purpose and their needs.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Values</td>
<td>Values: Existence and Application</td>
<td>The values of the network have not been defined.</td>
<td>1</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The values of the network have been defined and are sometimes cited by members</td>
<td>2</td>
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<tr>
<td></td>
<td></td>
<td>Network values are frequently cited by members at all levels.</td>
<td>3</td>
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<tr>
<td></td>
<td></td>
<td>Members of the network are held accountable for adhering to network values</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Strategy</td>
<td>Strategy: Links to Mission and Values</td>
<td>Strategies are developed in response to funders' requirements without reference to the mission and values of the network.</td>
<td>1</td>
<td>Member states brought on board retrospectively?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strategies are sometimes developed with reference to the mission and values, but more often in response to other requirements, preferences, and mandates.</td>
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<td></td>
<td>Strategies are almost always developed within the general context of the mission and values.</td>
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<td>The development of the strategies for the network is viewed as an opportunity to reaffirm or revise the mission and values.</td>
<td>4</td>
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<td></td>
<td>Strategy: Members participation</td>
<td>Strategies are developed without participation of the members.</td>
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<td>Strategies are developed based on assumptions about the needs of members.</td>
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<td></td>
<td>Strategies are developed based on information about member needs.</td>
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<td>Strategies are developed and monitored with the full participation of the members.</td>
<td>3</td>
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<tr>
<td>Management Area</td>
<td>Management Component</td>
<td>Stages of Development and Their Characteristics</td>
<td>Current Stage</td>
<td>Evidence</td>
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</tr>
<tr>
<td>Strategy: Positioning the network according to strengths, weaknesses, opportunities and threats in internal and external environment</td>
<td>Network strategies are based on the historical mission Without internal and external analysis of current context</td>
<td>Network is aware of need for analyzing and monitoring strategies in light of changing context but does not make systematic adjustments</td>
<td>Network analyzes</td>
<td>Network actively develops and monitors strategies making pertinent changes based on analysis of current internal and external environment.</td>
</tr>
<tr>
<td>Structure: Governance</td>
<td>There are no formal documents defining decision making and membership criteria and operational policies and procedures of the network.</td>
<td>The network has governance documents but they are out-dated or not adhered to</td>
<td>The network has current, up-to-date documents on decision making, membership and operational policies and procedures are complete, up-to-date and used to govern the network.</td>
<td>Discussions at RPF meetings include repositioning in view of the external environment.</td>
</tr>
<tr>
<td>Structure: Member Benefits and Obligations</td>
<td>Members’ obligations, roles and responsibilities are not clearly defined.</td>
<td></td>
<td>Members in the network have clear understanding of their roles and responsibilities and exercise them accordingly</td>
<td>Some Member States have benefited from the outputs of the network activities as evidenced by utilization of products of the RPF.</td>
</tr>
</tbody>
</table>
### Management Area

**Management Component**

<table>
<thead>
<tr>
<th>Management Area</th>
<th>Management Component</th>
<th>Stages of Development and Their Characteristics</th>
<th>Current Stage</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Structure:</strong> Decision-making</td>
<td>Select members or external stakeholders make all significant decisions without discussing or explaining them to others</td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

**Systems**

**Systems: Planning**

<table>
<thead>
<tr>
<th>Management Component</th>
<th>Stages of Development and Their Characteristics</th>
<th>Current Stage</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network addresses issues on an “as needed” basis, often in response to immediate threats/requests in the external environment. Members independently follow historical planning processes in their respect countries</td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
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<tr>
<td>Management Area</td>
<td>Management Component</td>
<td>Stages of Development and Their Characteristics</td>
<td>Current Stage</td>
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**Management Area: Systems: Monitoring and Evaluation**

<table>
<thead>
<tr>
<th>Systems: Monitoring and Evaluation</th>
<th>Stages of Development and Their Characteristics</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The work of the network is monitored and its results are evaluated by external evaluators when funders demand it.</td>
<td>Briefs by member states at the RPF meetings. Need for improvement</td>
</tr>
<tr>
<td></td>
<td>The organization monitors its own work to determine adherence to plans. Results are evaluated by external teams when funders demand it.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The organization regularly monitors its own work to determine adherence to plans and progress towards goals and objectives. It evaluates results at the end of each project.</td>
<td></td>
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<tr>
<td></td>
<td>The organization regularly monitors its progress and evaluates results at key points in each project. It uses the findings to improve its services, to plan the next phase of work, and to adjust annual plans.</td>
<td></td>
</tr>
</tbody>
</table>

**Management Area: Systems: Information Management**

<table>
<thead>
<tr>
<th>Systems: Information Management</th>
<th>Stages of Development and Their Characteristics</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Routine data concerning network products and services are often inaccurate. Reports are rarely submitted on schedule. Information is not used.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routine data are fairly accurate. Some reports are submitted on schedule. They occasionally use this information to make management and programmatic changes.</td>
<td></td>
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<tr>
<td></td>
<td>Routine data are generally accurate. The majority of reports are submitted on schedule. They almost always use the feedback to make management and programmatic changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routine data are almost always accurate. Reports are submitted on schedule. Those who submit routine reports receive and respond to feedback. They also analyze the data themselves, using their findings to improve management and performance, to look at outcomes, and to analyze trends.</td>
<td></td>
</tr>
</tbody>
</table>

**Management Area: Systems: Quality Assurance**

<table>
<thead>
<tr>
<th>Systems: Quality Assurance</th>
<th>Stages of Development and Their Characteristics</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The organization emphasizes the numbers of activities undertaken, rather than the quality of services.</td>
<td>Requirement to present country situations at RPF meetings.</td>
</tr>
<tr>
<td></td>
<td>The organization acknowledges the importance of high-quality products and services. It has not yet initiated activities to regularly assess and improve quality.</td>
<td></td>
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<tr>
<td></td>
<td>Some parts of the organization have undertaken activities to assess and improve the quality of services. A few interested staff members have taken responsibility for conducting these activities.</td>
<td></td>
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<tr>
<td></td>
<td>There is an established, ongoing system for assessing and improving the quality of products and services. Trained staff are regularly using this system.</td>
<td></td>
</tr>
</tbody>
</table>

**Current Stage**

- **1**: The project is in its initial phase.
- **2**: The project is in its growth phase. Equipment and personnel have been assembled.
- **3**: The project is in its mature phase. Outputs are presented.
- **4**: The project is in its decline phase. Outputs are no longer needed.
<table>
<thead>
<tr>
<th>Management Area</th>
<th>Management Component</th>
<th>Stages of Development and Their Characteristics</th>
<th>Current Stage</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Systems: Financial Accountability</strong></td>
<td></td>
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<tr>
<td></td>
<td>Budgets are developed by financial staff. There is no link between operational plans, budgets, and actual expenditures.</td>
<td>Project or program managers usually confer with the financial staff who develop their budgets. Expenditures are allocated and tracked by broad budget line item (e.g., salaries, utilities, materials) and are not linked to outputs or services. Expenditures are recorded as they occur.</td>
<td>Financial reports present an accurate, complete picture of the organization's expenditures, revenue, and cash flow. Project and program managers consistently use revenue and cash flow reports to make management and programmatic decisions.</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td><strong>Systems: Revenue Generation</strong></td>
<td>The organization operates with a single source of revenue, usually one large funder, whose mandate shapes strategies and programs.</td>
<td>The organization acknowledges the need for diversified funding. It has devised, but not yet implemented, a strategy for obtaining revenue from diverse sources.</td>
<td>The organization follows a long-term revenue-generating strategy, balancing diverse sources of revenue to meet future needs.</td>
</tr>
<tr>
<td>Management Area</td>
<td>Management Component</td>
<td>Stages of Development and Their Characteristics</td>
<td>Current Stage</td>
<td>Evidence</td>
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<td>1</td>
<td>Meetings; email; website</td>
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<td></td>
<td></td>
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<td>2</td>
<td>Needs improvement</td>
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<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Systems:</td>
<td>Communication System</td>
<td>There are no formal communication mechanisms among members.</td>
<td>1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>The organization has recognized the need for a formal human resource system. It is working to clarify personnel policies and human resource procedures.</td>
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<tr>
<td></td>
<td></td>
<td>Personnel policies are in place, and managers are beginning to use them to hire and retain talented and committed staff. Human resource procedures are in place and generate data on employees' performance, as well as on training and staff development.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personnel policies are in place, and managers use them consistently to hire and retain talented and committed staff. The organization uses human resource data for strategic planning and decision-making.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Network has no staff and members are independently responsible for the recruitment, hiring, training, support and evaluation of their respective staffs.</td>
<td>1</td>
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<tr>
<td></td>
<td></td>
<td>“Focal NGO”, through external donor support, makes specific technical training available to selected member NGO staff</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>“Focal NGO” continues to make technical training available to member NGOs and also trains their staffs in financial and programmatic reporting as required by small grants programs and other external donors.</td>
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<td></td>
<td></td>
<td>Network staff systematically assesses training needs of members, develops prioritized training plan and secures funding for its implementation. Staff also assists member NGOs in the development of a performance evaluation system</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No dedicated person/desk at ECSA Secretariat; No focal persons in Member states. -Coordination desk still lacking.</td>
<td></td>
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</tr>
</tbody>
</table>

Use annexes to include additional explanatory information, which doesn’t belong in the report.