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Building Pharmaceutical Sector Capacity in Namibia:

An Innovative Initiative to Recruit and Retain Pharmacy Staff for Public Service

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Learning Objectives

- List the challenges Namibia faces in pharmaceutical sector human resource capacity
- Describe the collaboration between the Rational Pharmaceutical Management (RPM) Plus Program and Namibia's Ministry of Health and Social Services (MoHSS) to develop an innovative mechanism to improve capacity
- Discuss the partner collaboration in assuring the sustainability of this capacity-building initiative



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Namibia Program Perspective

- Population of Namibia: 2.05 million
- Adult HIV/AIDS prevalence: 19.6 percent¹
- A U.S. President's Emergency Plan for AIDS Relief (PEPFAR) focus country since 2004
- Program's current reach: 37,000 antiretroviral therapy (ART) patients
- Working with MoHSS, RPM Plus/Strengthening Pharmaceutical Systems's mandate is to strengthen pharmaceutical systems in support of the PEPFAR program
- MoHSS provides pharmaceutical support at central, regional, and facility levels.

Source: ¹Joint United Nations Programme on HIV/AIDS. 2006. *Report on the Global AIDS Epidemic*.



Background: Human Resources Crisis

- In 2004, Namibia had 14 pharmacists per 100,000 individuals¹
- Maldistribution—
 - Eighty percent of pharmacists work in the private sector
 - ART and other priority public health programs are short of qualified staff
 - Pharmacist's assistants in district hospitals perform the duties of pharmacists
- In 2005, only 31 of 48 public sector posts were filled
 - Five Namibian pharmacists filled posts, and the remainder were filled by contract pharmacists from other countries

Source: ¹World Health Organization. 2006. "Country Health System Fact Sheet 2006: Namibia." *Global Atlas of the Health Workforce*. http://www.afro.who.int/home/countries/fact_sheets/namibia.pdf.



Improving inventory management—pharmacist assistant at work



Challenges to Filling Positions

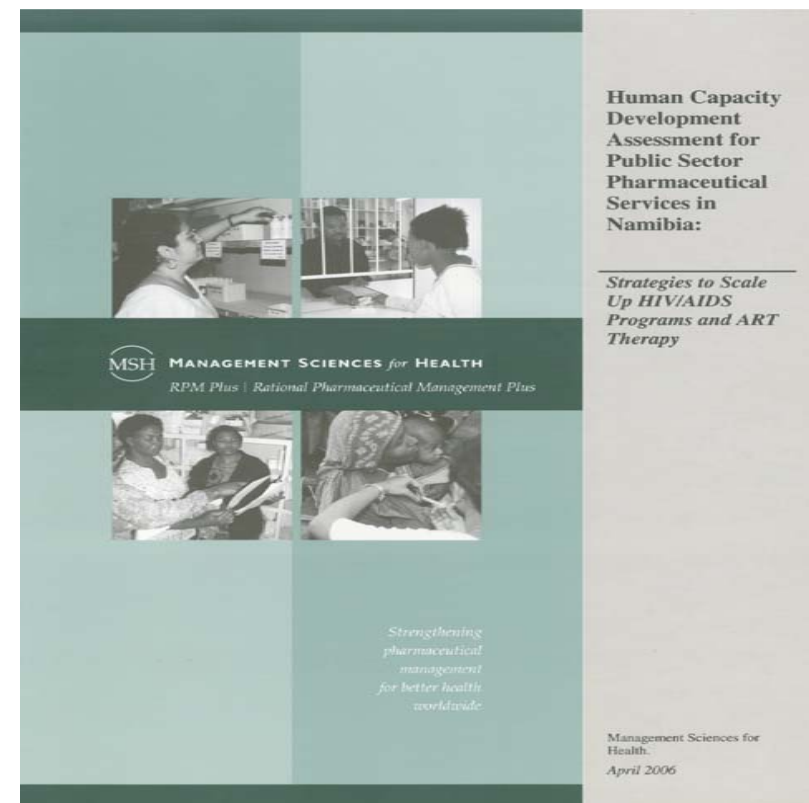
- Poor development of pharmacy professionals—
 - No pharmacy school
 - Low enrollment in prepharmacy programs
 - Low capacity in the pharmacist's assistants training program (1 course tutor)
- Poor distribution—
 - Preference for urban locations
 - Preference for private sector practice
- Delays in recruitment—
 - Lengthy public sector process for engaging new health care workers, including pharmacists (≈1year)



Number of Students per Year of Study						
Area of Study	4 th	3 rd	2 nd	1 st	Total	Percentage
Nursing Science	51	53	114	135	353	68.5
Radiography		7	5	10	22	4.2
Social Work	16	13	12	30	71	14
Pre-Med			28	38	66	13
Pre-Pharmacy			2		2	0.3
Pre-Physiotherapy				1	1	0.1
Total	67	73	161	214	515	100.1

MSH conducted a human capacity development assessment in 2005

Source: Ministry of Health and Social Services. Division of Human Resource Development. *Annual Report 2003/04*.



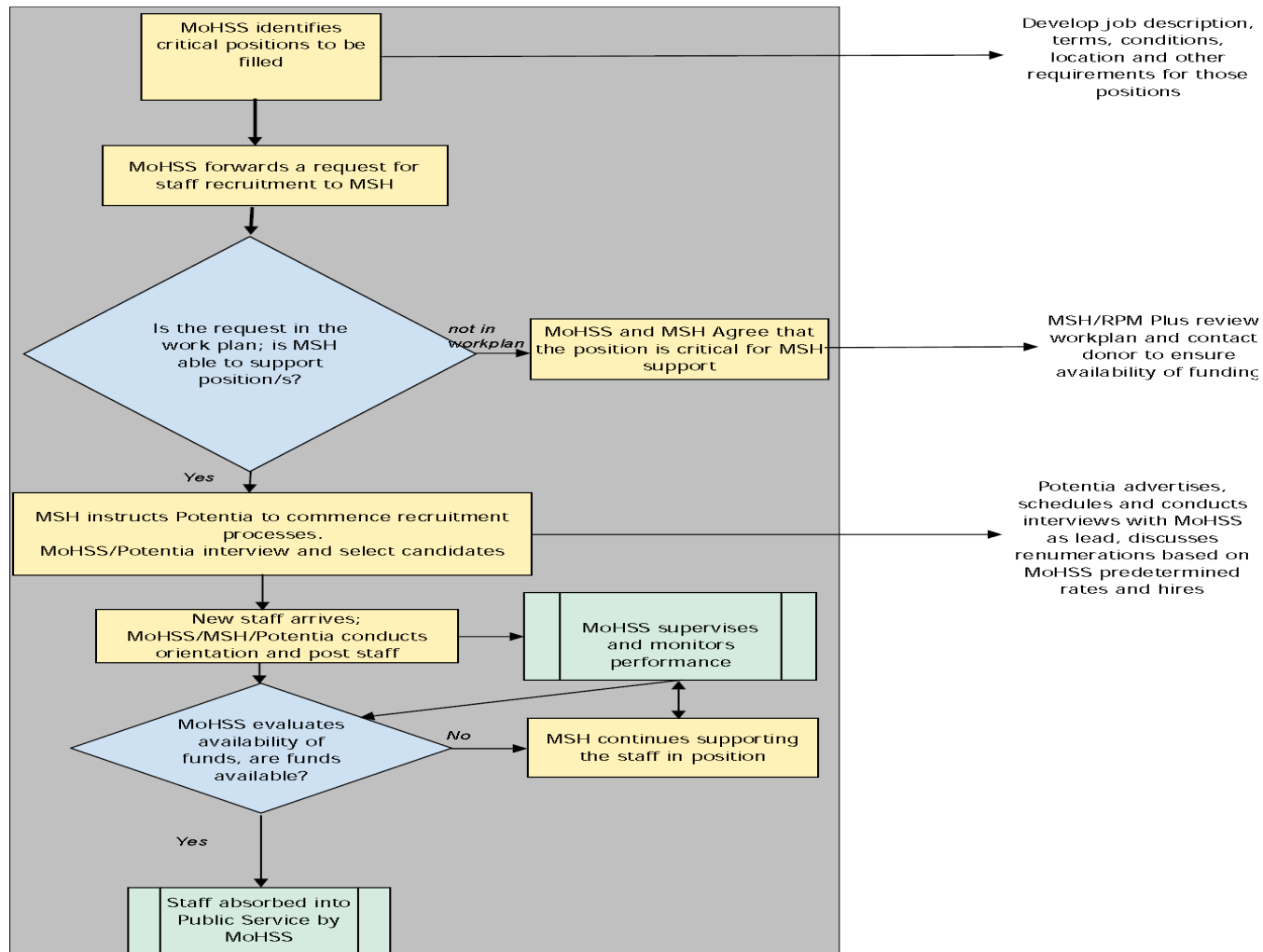


Method: A Partnership to Expedite Pharmacy Staff Recruitment

- MoHSS and MSH/RPM Plus, with funding from PEPFAR, developed an intervention to increase the availability of qualified pharmaceutical staff at all levels
- Contracted recruitment, screening, and hiring to Potentia Namibia Recruitment Consultancy, a local human resources company
- Established roles and responsibilities of the partners in building human resources capacity



Process for improving HR capacity works





Key Steps in the Process

- MoHSS identifies critical positions to be filled
- MSH instructs Potentia to commence recruitment processes
- MoHSS/Potentia interviews and selects candidates
- New staff arrives
- MoHSS/MSH/Potentia conducts orientation and posts staff
- These steps takes two to four months



Results (1)

- National, Regional, and Facility Levels
 - Critical central posts were filled, including pharmacist's assistants training course tutors
 - Four regional pharmacist positions were filled, with supervisory coverage of more than 10 district hospitals
 - More than 11 treatment facilities received pharmacists and pharmacist's assistants
 - Pharmacists were mainly recruited from East/West/Southern Africa; Pharmacist's assistants were mainly locals



Improving documentation practices—pharmacist assistant at work



Results (2)

- Overall
 - Partnership directly and indirectly supports the pharmacy services capacity of 21 hospitals (62 percent) providing ART in Namibia
 - Sixty-four percent of positions are fully absorbed into the public service budget (46 percent of the pharmacists and 81 percent of the pharmacist's assistants), some on promotion as an incentive
 - No pharmacist recruited and supported by the partnership has been lost to the private sector
 - Vacancy rates have been reduced by more than 50 percent
 - Evidence suggests that the quality of pharmaceutical care services has improved



Improving dispensing practices—pharmacist assistant at work



Discussion (1)

- Decision to contract Potentia Namibia Recruitment Consultancy to manage the seconded staff on behalf of the MoHSS and RPM Plus was vital to achieving success
- Absorption into MoHSS incentivized by—
 - Same terms and conditions with MoHSS
 - Same supervision and performance monitoring
 - Potential opportunities for promotion
- Recruitment time ranged from two to four months, requiring prior preparation and involvement of various government ministries



Discussion (2)

- Description of partner roles through a memorandum of understanding facilitates the process
- Critical steps to success include—
 - MoHSS identifies needs
 - Recruitment terms comply with MoHSS policies and standards
 - Provide bridge-funding to recruit pharmacist's assistants as they graduate



Recommendations

- Innovative solutions are needed for addressing human resources (HR) for health challenges in developing countries
- Development partners and global health programs like PEPFAR should fund HR interventions
- In-country government leadership is critical in the partnership and in unfreezing positions
- Partnership with local HR companies is critical for sustainability



“There is better ordering of pharmaceutical items, and stock management has improved. The compilation of consumption patterns has been done, and it is easier to forecast needs of certain pharmaceuticals. The Regional and District Therapeutics Committees have been resuscitated and have begun to look more closely at pharmaceutical issues in the region and districts. . . . We are therefore grateful to MSH and the Pharmaceutical Division of the MoHSS for according us the services of a Regional Pharmacist.”

—Chief Medical Officer, Kunene Region



Acknowledgements

- MoHSS
- Potentia Namibia Recruitment Consultancy
- USAID/Namibia
- PEPFAR

